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AMERICAN ASSOCIATION OF BLOOD BANKS

ANNUAL

REPORT

1989

Established in 1947, the American Association of Blood Banks is a professional, nonprofit, scientific and administrative association for individuals and institutions engaged in the many facets of blood banking and transfusion medicine. It is the only organization devoted exclusively to blood banking and blood transfusion services. AABB member facilities are responsible for collecting nearly half of the nation's blood supply and transfusing more than 80 percent. Nearly 2,400 institutions (community and hospital blood banks and hospital transfusion services) and 8,000 individuals are members of the AABB, including physicians, scientists, medical technologists, administrators, blood donor recruiters, nurses and public-spirited citizens working with blood bankers. Members are located in all 50 states and 40 foreign countries. The AABB's active membership gives direction to the Association through its elected Board of Directors and more than 50 committees of volunteer professionals.

The mission of the AABB is to provide leadership in blood procurement, processing, distribution and all aspects of transfusion medicine and related fields in order to promote the highest standards of care and service to patients, donors, other health care professionals and the general public.

CONTENTS

President's Report	2
Executive Director's Report	4
1989 AABB Programs and Operations	7
Promoting the Highest Quality of Professional Care in Transfusion Medicine	7
Anticipating the Impact of Future Technological and Scientific Developments	10
Providing Leadership in Educational Activities and Services that Contribute to the Hjghest Standards of Practice	13
Increasing the Level of Public and Professional Information	17
Serving Patients and the Profession	19
Board of Directors	21
Data Report	22
Committee Members	25
Financial Statements	31
Sustaining Members	39
AABB Foundation Report	51

AMERICAN ASSOCIATION OF BLOOD BANKS

ANNUAL REPORT 1989

In reflecting on my past year as AABB president, I would like to call attention to the role of the Associatjon. The AABB continues to be an active, energetic association with a diverse yet cohesive membership and an ambitious mission. Because of this diversity, the AABB remains at the forefront of transfusion science and medicine. As importantly, the AABB's promulgation of technical and administrative standards, blood exchange, I and A, etc., continue to bridge the gap between scientific advance and blood availability, quality and safety for patients. The publication this year of new editions of the *Standards* and *Technical Manual* exemplify this process.

During the 1988-89 year, we continued to focus much of our attention on safety, both within our institutions and as an association. We have additionally stressed the desirability of broad involvement in decisions that cross from medicine into health care policy. HTLV-I testing was implemented in the winter of 1989 to help us more closely approach "zero risk." In addition, this past summer we recommended more stringent donor history screening criteria to catch the few individuals who slip through the several nets by which donors are screened. This recommendation was based upon recent research indicating that direct oral questioning of potential blood donors increases the self-deferral rate. Although blood donors, by virtue of self-deferral and our history screening process, are safer than the population at large, the issues of donor education and screening, as safeguards, remain important concerns.

In my opinion, "zero risk" will be a major issue to be faced in the future by blood banking, how closely it may be approximated and, in light of better definition of patient needs, how much residual risk can be tolerated. Eventually the economic costs of marginal gains will likely be placed in the context of other health care needs of the country in a period of limited available resources. While others will make these decisions, the AABB must be expert and thoughtful in its advice. Continual examination of safety, quality and efficacy are integral parts of our individual and Association commitments.

We continue to monitor the public's opinion of the industry and continue our self-examination process through our public opinion poll. Despite the AIDS epidemic, this year's poll results showed that nearly two-thirds of the American public feel that the blood supply is safer than five years ago, and over 80 percent credit our blood centers for doing all that is possible to maintain that safety.

In terms of our scientific activities, we entered a new phase by applying for and conducting a major government-funded study of the efficacy of the HIV antigen test, the final results of which will be published in early 1990. The study, funded by the Food and Drug Administration (FDA) and the AABB Foundation, was conducted in collaboration with the Centers for Disease Control, the American Red Cross and the Council of Community Blood Centers. The results of the study were instrumental in the FDA's decision not to recommend that the test be conducted on donated units of blood, as no measure of public safety would be gained.

I believe that we have grown and prospered by recognizing the strength that our membership provides, by continuing to provide an educational forum in the Annual Meeting that attracts national attention. There have also been several successful conferences during the past year on such topics as informed consent and compliance. In addition, we had two successful think tanks, one for scientists and one for management. These were conceived by the Foundation Board of Trustees and co-sponsored by the Board of Directors. The Scientific Think Tank report has been published in *Transfusion*. The management manuscript is still in progress.

We have completed the purchase of *Transfusion* from the J.B. Lippincott Company, and there has been a major expansion in the number of issues produced each year. We are anticipating even more improvement under the leadership of Dr. Jeffrey McCullough in the future.

Whether we are health care professionals or manufacturers, we must be attentive to the public we serve, and after much discussion this year, the Board has concluded that the most critical input is at the grass roots level and not in Washington. We started an experiment in several districts to obtain public input from small groups of people. The project is just beginning, but the reports from the first sessions were both reliable as well as promising for the full program.

For the future, our Long Range Planning Committee delivered the report of its first phase at the end of the year and will continue its work in 1990.

Last year, some things were finished and some were started, and more importantly, I think the prospects for our Association are both challenging and exciting. I have enjoyed the year, and it has been an honor to serve as your president.

Laurence A. Sherman, MD
President, 1988-89

The 1989 Association year was a year of consolidation for the National Office. No significant changes were made to the structure of the staff organizational chart, and there were few major program changes or additions.

The most critical matter facing the staff at the start of the year was to complete the development of a new accounting and financial reporting system. Due to the extraordinary efforts of the Division of Administration and Finance, the system is now working very well. In addition to having accurate and timely financial reports, we have also assisted the Finance Committee in developing a five-year financial plan, implemented a much improved budget process and increased and refined financial controls.

Other responsibilities of this Division include management information and office services, personnel and the National Blood Exchange (NBE). A new paid-time-off system, similar to that used by many healthcare facilities, was implemented for employees. Also, a review of National Office salaries was conducted by an outside consulting firm. Its recommendations were approved by the Board of Directors and implemented in stages during 1989. The National Blood Exchange again in 1989 performed an invaluable service for members as well as for the general public.

The Division of Scientific Affairs was extremely busy during the past year. An effort of high visibility and importance was the administration of the HIV-antigen study under a contract from the Food and Drug Administration. The successful completion of the study was an important milestone for the Association.

In response to concerns that the Inspection and Accreditation (I&A) program must change to reflect the increased public and governmental demands placed on AABB members, several activities have been begun. The program has been completely computerized, and other administrative and personnel changes have been carried out to make the program operate more efficiently.

The Programs Division faced the challenge of bringing the publication of *Transfusion* in-house. Although the first staff-produced edition did not appear until January 1990, the planning for the transition began well before that. Our goal was that it be a seamless transition, and I believe it was accomplished.

Education is a principal reason for any professional organization to exist. In time of great change and tight budgets, it is a challenge to meet membership needs. The AABB's teleconference program does this very well, judging by the enthusiastic membership response. In 1989, there were five programs at 426 sites with 5,901 participants. We will continue to expand this program and look for other innovative ways to provide educational programs.

I am pleased to report that the AABB's Annual Meeting continues to be a strong fundamental of the Association. The New Orleans meeting was successful in every way. With the strong input of many volunteer committees, our Annual Meeting programs continue to offer outstanding

content. While other organizations have experienced significant declines in their meeting attendance in recent years, the AABB has not. Clearly, this is because our meeting offers excellent value.

During 1989, the Division of Public Affairs, in response to the number of lawsuits against AABB members, bolstered the AABB Legal Clearinghouse by bringing on board a full-time attorney to help manage the many exchanges of information between members and their legal counsel, file friend of the court briefs, and generate reports and recommendations for the Board. The AABB has also sought to establish a higher profile in state legislatures as well as on Capitol Hill.

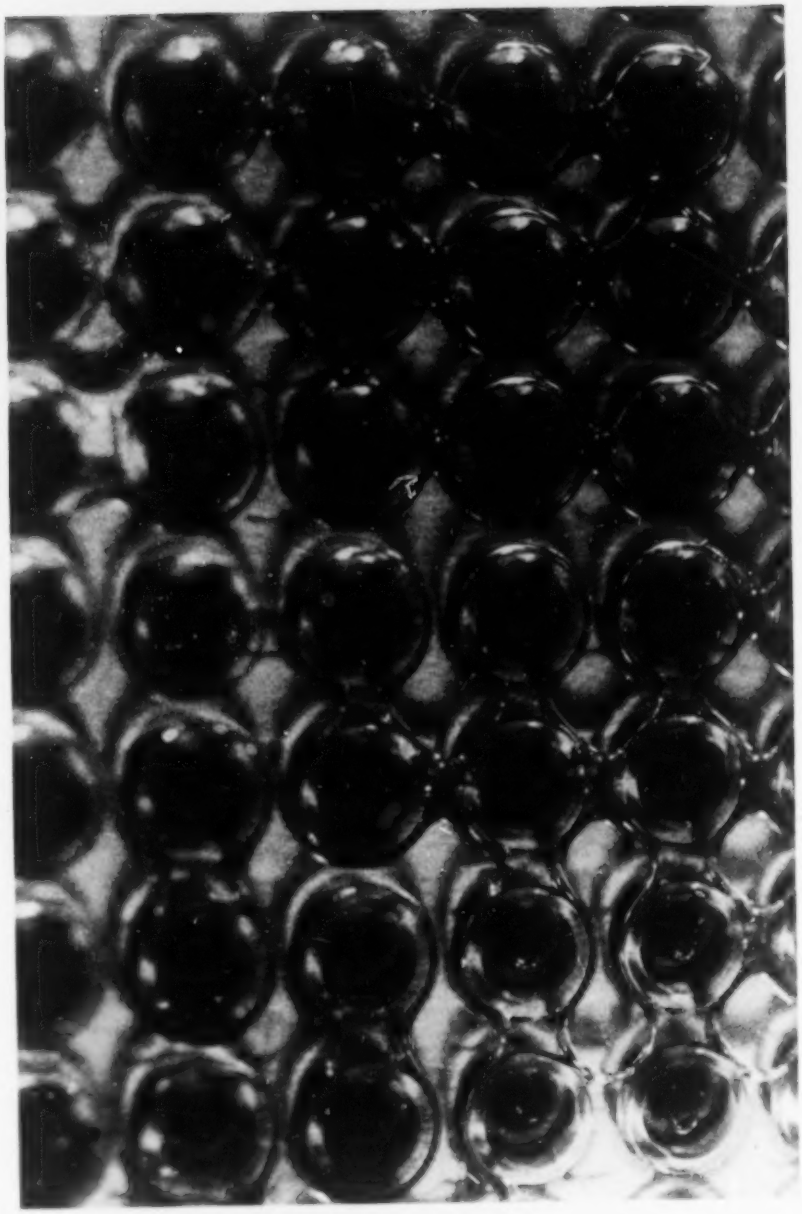
Vital to the educational mission of any association is membership communication. In 1989, we increased mailings to membership on vital issues and improved *Blood Bank Week*. We will soon make major changes in *News Briefs*.

The AABB staff is responsible for many programs, either in full or in part. Both staff and members constantly evaluate these programs to determine if they continue to be desirable and cost effective. At the same time, new programs are developed if new needs are identified. For example, a blood bank professional liability insurance program was recently developed. Ultimately, it is hoped that the program will be phased into a risk retention group, which will allow AABB members greater control over future insurance needs.

One of the most gratifying developments in the past few years has been that of the AABB Foundation. In 1989, the Foundation achieved an important milestone when it acquired over one million dollars in assets. With continued support from members and friends its endowment will grow further still. The Foundation clearly has become a very important factor in the improvement of blood banking and transfusion medicine.

Unfortunately, this report cannot thank every staff member or discuss each significant happening that occurred during 1989. However, I want to emphasize to the members that the AABB staff is a hard working and dedicated group of professionals. It continues to be a privilege to be your executive director because of the staff with whom I serve, the members for whom we all serve, and because ultimately, this is an association that, with all of us doing our parts, serves the public in many important ways. Let us continue to do so in 1990 and beyond.

Gilbert M. Clark
Executive Director



Graphic perspective of a tray used to do human lymphocyte antigen (HLA) typing.

PROMOTING THE HIGHEST QUALITY OF PROFESSIONAL CARE IN TRANSFUSION MEDICINE

Membership

Association membership continued to grow in 1989. Over 1,100 new members joined the AABB during the year, bringing total membership to a record high of 10,254. Individual membership increased to 7,952, the largest number of individual members in AABB's history. Individual AABB members included 1,964 physicians, 83 resident physicians, 5,724 non-physicians, 8 life members, 172 emeritus members and one honorary member.

A total of 2,302 facilities were members of the AABB. AABB's institutional members included 163 community blood centers, 632 hospital blood banks, 1,507 hospital transfusion services, 43 associate institutional members and 16 international associate institutional members.

Transfusion

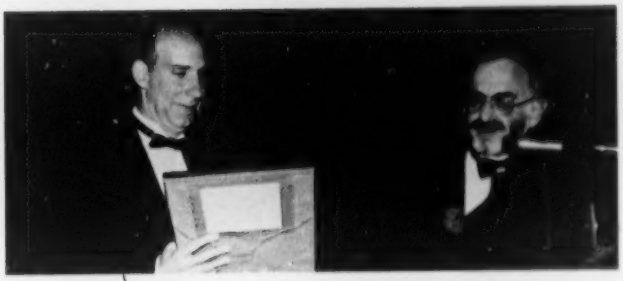
The AABB's professional journal, *Transfusion*, saw marked change in 1989. During 1989, the AABB purchased the copyright to *Transfusion* from the J.B. Lippincott Company. As owner and publisher of its own journal, effective January 1990, the Association maintains i commitment to research in transfusion medicine. Early in 1989, *Transfusion* began puolishing a new schedule of nine times per year, expanded in size and reduced the time between acceptance and publication of original research under the leadership of Editor Jeffrey McCullough, MD. Through the journal *Transfusion*, the AABB provides the foremost publication in the world for the dissemination of new information regarding transfusion medicine.

Election

A new Board of Directors was chosen at the 42nd Annual Business Meeting in New Orleans, Louisiana. Toby L. Simon, MD, who was named president-elect in 1988, assumed the office of AABB president. Donald D. Doddridge, St. Petersburg, Florida, was chosen president-elect to take office in November 1990. The other officers elected to the executive committee were: E. Shannon Cooper, MD, JD, New Orleans, Louisiana, vice president; Jane A. Mackey, Topeka, Kansas, secretary; and Alfred J. Grindon, MD, Atlanta, Georgia, treasurer. Laurence A. Sherman, MD, became immediate past-president.

Elected as district directors were: Edward L. Snyder, MD, FACP, New Haven, Connecticut, Northeast District Director; Charles H. Wallas, MD, Nashville, Tennessee, Southeast District Director; W. John Judd, FIMLS, MIBiol, Ann Arbor, Michigan, North Central District Director; Margie B. Peschel, MD, Fort Worth, Texas, South Central District Director; and Roger K. Svoboda, MBA, MS, MT(ASCP)SBB, San Francisco, California, Pacific District Director.

Not subject to re-election this year were Frances S. Chizeck, Director, Northeast District; Gene A. Erickson, Director, Southeast District; Bobby A. Grigsby, CPA, Director, South Central District; Jay E. Menitove, MD, Director, North Central District; and Paul Ness, MD, Scientific Section Representative. Members retiring from the Board of Directors in 1989 were Paul J. Schmidt, MD; Margaret E. Wallace, MHS, MT(ASCP)SBB; Suzanne H. Butch, MT(ASCP)SBB; Page Sanchez-Meyer, MHS, MT(ASCP)SBB; and Stephen J. Brown, MT(ASCP)SBB.



AABB President Laurence A. Sherman, MD, passes the gavel and president's plaque to incoming president Toby L. Simon, MD, at the 1989 Annual Meeting banquet in New Orleans, Lousiana.

Awards

Each year at the Annual Meeting, the AABB presents Memorial Awards to individuals for their scientific discoveries and outstanding service in the field of blood banking and transfusion medicine.

George W. G. Bird, DSc, PhD, MBBS, FRCPath, internationally acclaimed for his studies on the application of seed lectins to solve problems in blood group serology and his outstanding achievement in providing a better understanding of red cell polyagglutination, was honored with the 1989 Karl Landsteiner Memorial Award.

The John Elliott Memorial Award was presented to Delores A. Mallory, MT(ASCP)SBB, for her nationwide educational activities and her contributions to the Association through her membership on the Board of Directors and on several committees.

Allen Latham, Jr., was honored with the Morten Grove-Rasmussen Memorial Award for his pioneering technological contributions to the design and development of a system which separates red cells, white cells, platelets and plasma in a closed system, known as the "Latham Bowl."

The Ivor Dunsford Memorial Award was presented to Sandra Sue Ellisor, MT(ASCP)SBB, in recognition of her outstanding educational contributions in the field of transfusion medicine.

George Garratty, PhD, FIMLS, MRCPath, the 1989 Emily Cooley Award Recipient and lecturer, was honored for his outstanding achievements in blood transfusion science.

The 1989 Outstanding Administrator was Donald T. Dougherty, recognized for his leadership and service and his outstanding contributions to the AABB.

Dorothea Kerstetter was honored with the 1989 Outstanding Donor Recruiter Award for her outstanding leadership and successful programs in the area of donor recruitment.

Jack Smythe received the 1989 Distinguished Service Award for his long history of contributions to the Association and expansion of its administrative programs.

At the 1989 AABB Annual Meeting, the AABB was privileged in honoring four organizations and two individuals with Awards of Merit for their significant contributions to blood banking on a local level.

WWL-TV, New Orleans, Louisiana, was honored in the television category for providing their audience with timely news stories and educational information regarding activities of the Blood Center for Southeast Louisiana, especially during holiday shortages.

Houston Lighting and Power, Houston, Texas, was honored in the group category for having a 57 percent participation rate, one of the largest donor groups in the Houston area. Nominated by Gulf Coast Regional Blood Center, their total donations were 6,281 units.

The University of North Texas, Denton, Texas, was honored in the educational category for the tremendous growth in their blood drives. In two years, results from the week-long blood drives went from 640 units to 2,563 units, a 20 percent participation rate within the student body. They were nominated by the Blood Center at Wadley.

KLOL Radio, Houston, Texas, honored in the radio category, for their blood drives at shopping malls called "Share Your Health" and "Rock and Roll Up Your Sleeve," which provided 12,218 units of blood to patients at Gulf Coast Regional Blood Center and other blood centers.

Second Lieutenant Stephen Ash, MacDill Air Force Base, Tampa, Florida, was honored in the individual category for his leadership in restructuring the blood donor program on the base so that MacDill became the top donor group in number of units donated for the Southwest Florida Blood Bank.

Judy Socha, Addison, Illinois, was honored in the individual category for her motivation in developing a community blood program which consists of six blood drives a year. Mrs. Socha was nominated by LifeSource.

The Presidential Awards are given annually to recognize organizations and individuals who support voluntary blood donations nationwide. In 1989, two organizations that made great contributions to increase public awareness about the need for blood donations were honored. General Dynamics, Inc., headquartered in St. Louis, Missouri, provided almost 18,000 units of blood to seven blood centers in four AABB districts. They were nominated by Carter Blood Center in Fort Worth, Texas; the American Red Cross Blood Services, Connecticut Region, Farmington, Connecticut; Rhode Island Blood Center, Providence, Rhode Island; American Red Cross Blood Services, Missouri-Illinois Region, St. Louis, Missouri; American Red Cross Blood Services, Southeast Michigan Region, Detroit, Michigan; the San Diego Blood Bank, San Diego, California; and the American Red Cross, Los Angeles-Orange Counties Blood Services, Los Angeles, California. The National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health, in Bethesda, Maryland, and its director, Claude Lenfant, MD, received a Presidential Award in the educational category for the development of and contribution to the Transfusion Medicine Academic Awards Program and the National Blood Resources Education

Program. NHLBI was nominated by the American Association of Blood Banks' Board of Directors.

Five outstanding Specialist in Blood Banking (SBB) students are selected annually to receive scholarship awards. The awards, intended to encourage and assist with educational pursuits in the field of immunohematology, have been generously sponsored by the Fenwal Division of Baxter Healthcare Corporation for 21 years. The following students were presented scholarships for their award winning essays: Larry Arthur Fenner, MT(ASCP)SBB, Bethesda, Maryland; Terry Lynn Petrosky, MT(ASCP)SBB, Cincinnati, Ohio; Barney Allen Poole, MT(ASCP)SBB, Galveston, Texas; Mitzi Robbins, MT(ASCP)SBB, Galveston, Texas; and Laura Dawn Saint, MT(ASCP)SBB, Bethesda, Maryland.

Certification

The AABB is actively involved in encouraging and providing the means for the education of new blood bank professionals. To do so, it offers certification through its Technologist in Blood Banking (BB) and Specialist in Blood Banking (SBB) designations. In 1989, 97 SBBs and 109 BBs were certified.

There are 30 facilities in the United States that offer accredited SBB education programs, endorsed by the AABB and the Committee on Allied Health Education and Accreditation of the American Medical Association.

Accreditation

In 1989, 1,151 (45 percent) of the 2,544 participants in the Inspection and Accreditation Program (I&A) were accredited. Overseas participants increased to 47.

In 1988, a program to coordinate inspections with the College of American Pathologists (CAP) was established. In 1989, there were 606 requests from participants for coordination of their AABB and CAP inspections. Accreditation equivalency programs were maintained with eight states, the U.S. military and Humana, Inc.

ANTICIPATING THE IMPACT OF FUTURE TECHNOLOGICAL AND SCIENTIFIC DEVELOPMENTS

Policies

HTLV-I/II On November 4, 1988 the American Association of Blood Banks, the American Red Cross (ARC) and the Council of Community Blood Centers (CCBC) issued "Interim Guidelines for Testing Donated Blood for HTLV-I Antibodies." The interim guidelines explained that because such tests were about to be licensed, AABB institutional members should be prepared to begin routine testing. The guidelines stated that "as soon as feasible after a Food and Drug Administration (FDA)-licensed test is available, all donated blood should be tested for HTLV-I

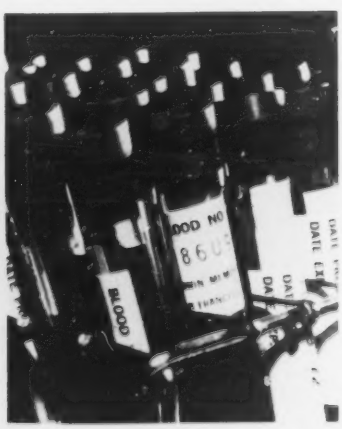
antibodies and donors counseled." Those guidelines also indicated that look-back, notification and counseling should be performed for recipients of cellular blood components from donors testing EIA repeatedly reactive and confirmed positive.

In April, acting upon a recommendation from the Transfusion Transmitted Disease Committee, the Board of Directors also determined that a date should be established by which the November 4, 1988 recommendation should be fully implemented. Accordingly, it recommended that all blood components released for transfusion by AABB member institutions, and all blood components shipped under the auspices of the National Blood Exchange, should be tested and found negative for antibodies to HTLV-I after March 15, 1989. The implementation of HTLV-I antibody testing was also made a requirement for accreditation under the AABB Inspection and Accreditation Program.

A clarification memorandum from AABB President Laurence Sherman, MD, advised the membership on April 5, 1989 that since all blood products used for the purpose of transfusion are required to be tested for HTLV-I, untested units were not to be kept in inventory.

HIV Anuigen Testing In April, the AABB, ARC and the CCBC issued a joint statement on HIV antigen testing. The statement endorsed the Food and Drug Administration (FDA) recommendation that "whole blood donations should not be tested for HIV antigen at this time" and the FDA position that it "does not believe that the introduction of another test to detect HIV carriers will, at this time, improve the safety of products prepared from source plasma."

Donor History Questions In July, AABB President Laurence Sherman, MD, advised the AABB membership that modification of the procedures for providing information about AIDS risk factors and questioning donors about participation in activities that place them at risk for HIV infection was endorsed by the AABB Board of Directors. The recommendation stated that oral interaction to assure donors' understanding of activities that place people at risk for HIV infection should be implemented, and that these measures should be taken in addition to those already in place to assure the safety of the blood supply.



Lyme Disease In July, the AABB advised its member institutions that the implementation of tests for Lyme disease was not necessary at the present time. The advisory statement indicated that individuals with a history of Lyme disease may donate blood after they have completed a course of antibiotics and are totally asymptomatic.

Babesiosis In July, the AABB also advised its members regarding babesiosis and potential transmission by transfusion. The advisory stated that donors who give a history of babesiosis should be indefinitely deferred, and instructed that any components associated with previous donations from these individuals should be recalled and destroyed. In these instances, it was also recommended that the previous recipients of blood from that individual should be identified and evaluated.

National Bone Marrow Donor Registry

The National Bone Marrow Donor Registry, funded by the National Heart, Lung and Blood Institute, signed up over 12,000 donors out of a potential pool of 80,000 in 1989. Co-sponsored by the AABB, the ARC and the CCBC, the registry is an excellent resource for clinical and basic biomedical research when additional potential donors are recruited. Improving the use of bone marrow for transplant and clinical trials are its primary focus. Many AABB blood centers are participating by providing lists of HLA-typed donors. The Registry's headquarters are located in the St. Paul Red Cross. In addition, the AABB provides information services to registries and physicians seeking access to the lists of HLA-typed donors.

Antigen Study

The AABB acted as the administrative focus of a major multi-institutional study of the usefulness of the HIV-antigen test in making the nation's blood supply safer. Conceived of as a collaborative effort by a group of scientists headed by Harvey Alter, MD, of the National Institutes of Health, the combined efforts of the AABB, the American Red Cross and the Council of Community Blood Centers resulted in a contract award from the FDA to the AABB for over $500,000 to carry out this study. With Amoz I. Chernoff, MD, AABB associate executive director for scientific affairs, as principal investigator, the collaborating units studied over 500,000 blood donor specimens to determine whether the antigen test would identify individuals who were not yet HIV antibody positive, thus shortening the "window period." No such individuals were noted among the blood donors in this study. The results of this collaborative effort led to the following decisions: 1) the FDA decided not to license the HIV antigen test for blood screening purposes, and 2) the Institute of Medicine agreed to hold a workshop on the topic "The Nation's Blood Supply: Is Absolute Safety Achievable?" which took place November 1, 1989.

Standards

The 13th edition of *Standards for Blood Banks and Transfusion Services* was published in 1989. AABB's *Standards* is the most authoritative source on the practice of blood banking. It is used throughout the world as the primary reference for maintaining and improving the quality, safety and effectiveness of transfusions and transplantations.

The 13th edition contained the most substantial changes in the history of the publication. Over 80 standards were changed to reflect advances in transfusion medicine. The revised provisions included the standards for autologous donations; record keeping and the use of computers; screening, testing and labeling requirements; informed consent; and look-back.

Think Tanks

Held in January 1989, the "Think Tank" on scientific issues related to transfusion medicine brought together thirty scientists and clinicians for an in-depth discussion of future needs and opportunities in the field. A report of the proceedings, published in the October issue of *Transfusion*, provides an eye-opening inventory of scientific directions for investigators during the next three to five years. The Scientific Think Tank was supported by AABB and AABB Foundation funds.

The AABB Foundation held a two-day Managerial Think Tank in June 1989 to explore key environmental, medical and technical issues expected to have a significant impact on the administration of blood banks in the next five years. The Managerial Think Tank was modeled after the highly successful Scientific Think Tank and gathered experts from twenty-nine blood banks located in fifteen different states. The objective of the think tank was to examine the state of blood banking, identify pending challenges to the industry and recommend a course of action for effectively overcoming potential problems. The results will be published in 1990.

PROVIDING LEADERSHIP IN EDUCATIONAL ACTIVITIES AND SERVICES THAT CONTRIBUTE TO THE HIGHEST STANDARDS OF PRACTICE

Annual Meeting

The 42nd Annual Meeting, held October 21-26 in New Orleans, Louisiana, provided members and nonmembers alike with the largest blood banking educational event of the year. Over 7,000 attendees came from all over the world. Planning for the meeting and its various sessions was carried out by numerous AABB committees and individual volunteers.

AABB President Laurence A. Sherman, MD, with the assistance of Kathleen Chadwick, chairman of the AABB Exhibits Committee, cuts the ribbon to signify the opening of the 1989 Annual Meeting Exhibit.

Over 4,500 persons attended 26 scientific workshops addressing such topics as platelets, new technology, intravenous gammaglobulin therapy, interpretation of the positive DAT, blood group systems and DNA Probe Technology.

Administrative sessions included presentations on employee motivation, effective management techniques, marketing skills and leadership.

The Annual Seminar featured the topic "Immune Destruction of Red Blood Cells" to complement the Emily Cooley Lecture.

A total of 219 scientific papers and posters were presented. These were selected from 418 abstracts submitted for review by the Selection of Scientific Abstracts Committee and over 90 other volunteer reviewers. There were 92 administrative papers and posters selected from 165 abstracts reviewed by the Administrative Program Committee.

Twenty forums were held representing the interests of several specialties within the field of blood banking and transfusion medicine. These forums appealed to donor recruiters, inven-

tory managers, public relations practitioners, donor room personnel, nurses, technical directors, hospital chief technologists, international attendees, SBB faculty, parentage testing specialists and computer users.

Eight research and progress (RAP) sessions were well-attended, as was the National Affairs Symposium on "Donor History and Testing: Are There Choices and Limitations?" cosponsored by the Scientific and Administrative Sections. Approximately 650 people attended the "Ask the Experts" session, which featured panelists from the Standards, Technical Manual and Inspection and Accreditation Committees, as well as experts on specific topics of interest.

This year's Annual Meeting hosted the largest exhibit in AABB history—a total of 425 exhibit booths. The 152 exhibiting companies sponsored a record number of educational events and social activities as well.

National Conferences

A conference on informed consent was held in February to examine what the consent process is and what the assumptions are that underlie the patient-provider relationship. Included in the topics discussed were: ethical considerations in the patient-provider relationship; implicit assumptions of the consent process and the ways in which consent affects personal and institutional interactions; risks of transfusion; alternatives to use of homologous blood; how the Joint Commission on the Accreditation of Healthcare Organizations perceives consent for transfusion as a mechanism for assuring quality of transfusion practice; and many others. The conference was sponsored by the Scientific Section Coordinating Committee (SSCC).

"Compliance with the Code of Federal Regulations and FDA Inspections," a national conference sponsored by the AABB, was held in April in Arlington, Virginia, and in San Francisco, California. The conference was designed for blood bank professionals who are involved in the inspection and quality assurance aspects of transfusion medicine. The conference covered topics such as: FDA regulatory requirements; FDA licensing requirements; FDA inspections; oversight experience; preparing for the FDA inspection, the self audit; computers and record

The 42nd AABB Annual Meeting Exhibit was the largest in AABB history. Over 425 exhibit booths were needed to house exhibits from 152 companies.

keeping in the blood center; blood center training; biosafety; and institutional rights and responsibilities.

The AABB Parentage Testing Committee assembled a parentage testing conference entitled, "DNA for Parentage Testing: Current State of the Art," in April in Leesburg, Virginia. This conference brought together nationally acclaimed experts to discuss the development and usefulness of DNA probes for parentage testing. Physicians, technologists, nurses and others involved in parentage testing attended the conference. The conference was sponsored in part by a grant from the Baltimore Rh typing Laboratory, Inc., Baltimore, Maryland.

The American Association of Blood Banks/American Red Cross Third Joint Immunohematology Reference Laboratory Conference was also held in April in Leesburg, Virginia. The program addressed both technical and administrative issues vital to the key functions of a "state of the art" reference laboratory.

Teleconferences

There were five teleconferences held in 1989. "Biology and Blood Banking Implications of HTLV-I" was held in November with 1,244 participants. "Autologous Blood Transfusion" was held in February with 1,238 participants. Almost 1,000 people attended the "Transfusion Medicine and Legal Liability Teleconference," held in April. Its topics of interest included: liability, confidentiality and minimizing exposure to lawsuits. In July, a teleconference on technical topics, entitled "Special Methods in Immunohematology—Is It Auto or Is It Allo?" was presented to an audience of 1,210 participants. Topics discussed included: review of the positive DAT, serum typing and serum problems, red cell typing methods, red cell separation methods and interpretation of autocontrol data. Speakers were members of the AABB Technical Manual Committee. A teleconference on the hepatitis C virus was held in October. The program allowed the 1,248 participants to "ask the experts" questions regarding the impact of anti-HCV testing. The purpose of the program was to explain changes recently made in the AABB *Standards for Blood Banks and Transfusion Services.* Slides, tapes and agenda materials from these increasingly popular programs are available for purchase.

Special Presentations

In 1989, "Advanced Immunohematology Review" sessions were held in San Francisco, California and Arlington, Virginia.

Publications

In 1989, the AABB published references on a number of topics, including: MN and Gerbich, leukocyte-poor components, pediatric transfusion medicine, the major histocompatibility complex, von Willebrand's disease, monoclonal antibodies, quality assurance, sur-

viving inspections, veterinary transfusion medicine, management and technology, challenges of the 1990's, computer systems and informed consent. In addition, new editions of the *Standards for Blood Banks and Transfusion Services, Blood Transfusion Therapy: A Physician's Handbook, Circular of Information for the Use of Human Blood Bank Blood Components, Blood Transfusion Therapy Data Card* and *1989 Directory of Community Blood Centers* were produced.

Transfusion Medicine Education The Hemapheresis Committee is developing guidelines for the medical indications for the use of the various pheresis modalities.

The Pediatric Hemotherapy Committee submitted several manuscripts for publication. Two manuscripts will appear in *Transfusion:* "Directed and Limited-exposure Blood Donations for Infants and Children," and "Neonatal Red Cell Transfusions." Over 400 copies of the Neonatal Audit Guidelines were sent to member institutions. The committee is developing a 1990 neonatal transfusion practices questionnaire.

The Autologous Transfusion Committee published several articles in *News Briefs* on controversies surrounding autologous issues. The committee has submitted guidelines for intra-operative and post-operative cell salvage which will present the most up-to-date information and guidelines for these procedures as well as providing administrative procedures. A national forum on intra-operative cell salvage is in the planning stage to be held in 1990.

The Workload Recording Committee continued to provide time studies on blood bank procedures to the College of American Pathologists. A workshop specifically designed for blood bankers was held during the AABB Annual Meeting.

The Blood Data Committee revised the AABB Membership Annual Questionnaire. The survey will permit the capture of further trends and practices in the discipline of blood banking.

The Standards Committee saw the completion and implementation of the 13th edition of the *Standards*. Committee members serve as sources of expertise for questions concerning the *Standards*.

The Inspection and Accreditation Committee is responsible for inspecting and approving over 2,300 institutional members of the AABB. Inspectors workshops scheduled for 1990 will provide continuing education to over 500 AABB inspectors.

The Information Systems Committee developed the publication, "Responsibilities in Implementing and Using a Blood Bank Computer System," that was distributed to all institutional members.

The Nursing and Donor Room Personnel Committee organized and coordinated three forums for nurses and donor room personnel presented at the 1989 Annual Meeting. A mailing list of directors of nurses involved in blood banks and transfusion services has been compiled for

the biannual newsletter to be produced by the committee starting in January 1990. They are also working on a proposal for the development of an audio-tape for first time donors.

Package #3 of the Self-Test and Review (STAR) Program developed by the Self-Testing and Review Committee was produced early in 1989. The four new problems are titled *Neonatal Thrombocytopenia*, *Massive Transfusion*, *Serologic Management of Autoimmune Disease* and *HIV and Blood Banking*.

INCREASING THE LEVEL OF PUBLIC AND PROFESSIONAL INFORMATION

Newsletters

The weekly newsletter, *Blood Bank Week*, continued to reach over 1,400 subscribers in the U.S. and worldwide presenting up-to-date information on blood banking and transfusion medicine. The monthly newsletter, *News Briefs*, continued to expand coverage of the growing AABB membership and activities.

Quarterly publications were produced for the Scientific Section, donor recruitment and public relations professionals, the inspectors in the Inspection and Accreditation Program and SBB program directors.

Public Opinion Poll

In August, the AABB released the results of its fourth national public opinion poll on AIDS and the blood supply. The poll was conducted on a nationwide sample of 1,000 by the professional polling firm, Hamilton and Staff. The AABB poll is the only national survey that focuses primarily on AIDS and the blood supply. The poll found increased confidence in the nation's blood supply and that AIDS continues to be the most serious health concern in the minds of the American public, ranking it above two far more widespread health problems, cancer and heart disease. Only one in five Americans have a fear of contracting AIDS by donating blood, a decrease of 14 percent from the first survey in 1985. In addition, a majority (52 percent) now believe it is unlikely to contract AIDS from a blood transfusion. Two-thirds of the respondents (66 percent) felt that the nation's blood supply is safer today than it was five years ago, up 10 percentage points from last year and 22 points from the 1985 poll. In addition, 88 percent of those polled indicated they have confidence in the ability of the nation's blood banks to provide a safe and adequate blood supply.

A press conference was held at the National Press Club in Washington, DC, to brief major television, print and radio media on the poll findings. The 1989 poll was also the basis for a national promotion on the safety of the blood supply to newspapers and magazines across the country.

Government and Legal Affairs

The primary purpose of the government and legal affairs program is to create an effective information network to provide advice and expertise on public policy issues affecting blood banking and transfusion medicine. In 1989, the Association was quite active making its voice and presence felt. In addition, work was begun to expand the Association's government affairs activities and to establish a government affairs network.

Legislative and Regulatory Activity At the federal level, the AABB monitored and reported on federal legislation of interest to the members and conducted special mailings about the AABB and its programs to key members of Congress. In addition, the Association submitted testimony before the House Subcommittee on Postal Personnel and Modernization on the transportation of toxic substances through the mail.

The AABB was also active on the state level providing information and advice to state legislative committees and monitoring proposed bills. The National Office worked with member institutions in California in support of a bill to create positions for unlicensed donor room technicians.

The regulatory activities and proposals of federal agencies were also tracked. The AABB submitted official comments in response to several proposed regulations, including:

- The Health Care Financing Administration's (HCFA) proposed revision of the clinical laboratory regulations for the Medicare, Medicaid and the programs governed by the Clinical Laboratory Improvement Act of 1967.
- The Occupational Safety and Health Administration's (OSHA) proposed rule, "Occupational Exposure to Bloodborne Pathogens."
- The Food and Drug Administration's (FDA) proposed amendment to allow for alternative procedures and remove a labeling requirement.
- The United States Postal Service proposals on the mailability of etiologic agents.
- FDA's proposed rule on proficiency testing requirements.

In addition, an informational packet on FDA inspections of blood collecting establishments was developed and mailed to institutional members.

Legal Activity Over the past year, the Association expanded its efforts to assist members with legal issues and transfusion-associated litigation. National Office attorneys monitored transfusion-associated lawsuits filed against member institutions, and the decisions rendered by federal and state courts. The National Office also worked with the counsel for member institutions to respond to lawsuits and informational needs. The Association joined with other blood banking organizations in several cases to file *amicus curiae* briefs on such issues as donor confidentiality. In addition, an informational packet on informed consent for blood transfusion was developed and made available to the membership.

SERVING PATIENTS AND THE PROFESSION

National Blood Exchange

The National Blood Exchange (NBE) facilitates the exchange of blood, blood components and blood credits between participating blood centers and hospitals in the United States. In 1989, transactions totaled 402,453. Of these transactions, 173,348 were whole blood or red blood cell transfers and 155,263 were transfers of components.

During 1989, the National Blood Resource Committee developed a customer survey for use by the National Blood Exchange in evaluating its usefulness to participants. The committee also developed a checklist for use when sending autologous and/or directed donor units through the NBE. The committee reviewed the transaction fee and the fee for patient replacement blood; neither was changed.

The National Blood Resource Committee produced the Inventory Management Forum held at the AABB Annual Meeting in New Orleans and planned with the Council of Community Blood Centers and the South Central Association of Blood Banks for the Joint Inventory Management Conference to be held in Dallas in 1990.

National Autologous Blood Resource Center

During 1989, the National Autologous Blood Resource Center (NABRC) maintained a high level of activity. Throughout the year, the NABRC responded to inquiries from the public, reporters and health care professionals. The major development was the planning of the second national conference, "Perioperative Blood Transfusion," scheduled for May 1990. The pamphlet "Questions and Answers about Autologous Blood Transfusion," edited by Linda Stehling, MD, and Roslyn Yomtovian, MD, was published. During 1989, over $20,000 was received from corporate sponsors. The support of these sponsors makes the educational materials possible.

Rare Donor File

During 1989, the Rare Donor File received a total of 123 calls requesting blood for immunized patients. These calls, plus many others made directly between participating members, resulted in 525 rare and fully phenotyped blood being supplied. The year-end inventory showed that member institutions had over 1,000 rare donors registered on their files and that nearly 13,000 fully phenotyped donors are known as well. Blood from these donors can be provided throughout the world for patients who form red cell antibodies.

The RARE Exchange Program, organized by the Reference Laboratory and Rare Donor File Committee, had an inventory of 172 rare sera and 51 rare red cell samples that were available upon request to those centers wishing to screen for additional rare donors.

Viral Marker Surveys The number of participants in the AABB/CAP Viral Markers Surveys in 1989 increased to over 1,690. The surveys, which include the Viral Markers Survey (W), the Donor Module Survey (W-1) and the Diagnostic Module Survey (W-2), continue to increase in popularity.

Donor Recruitment The AABB sponsored several programs related to the encouragement of blood donors. National Volunteer Blood Donor Month was celebrated in January 1989 with the theme "It's Safe. It's Simple. It Saves Lives." on posters. Ten-gallon donor plaques were awarded to over 600 donors across the U.S. who have donated 10 or more gallons and were nominated by their blood collection establishment. The National Honor Roll recognized 163 donor groups for outstanding participation in 1989 blood drives, as nominated by their blood collectors. At the Annual Meeting, AABB sponsored a booth in the exhibit hall exclusively for donor recruiters to share new innovations. A resource manual was developed for donor recruiters and public relations blood center staff to provide input in managing programs and responding to issues.

Group Purchasing The AABB Group Purchasing Program continued to grow in 1989. The number of active contracts increased to 34, and there were over 200 institutions participating in the program. The Administrative Section Coordinating Committee is responsible for the monitoring and negotiating of contracts.

Insurance Committee Because of deteriorating conditions with blood bank professional liability insurance, the committee began to explore other sources for commercial insurance as well as industry-owned alternatives. The committee explored the formation of a captive insurance company.

1988-1989 BOARD OF DIRECTORS

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Administrative Section
Representative

The data shown on the following pages were summarized from the 1989 AABB Institutional Membership questionnaire, reflecting membership activity during 1988. The questionnaire was returned by 1,907 of the 2,377 Institutional Members.

The following categories are used:

Type A—Blood center collecting donors and distributing blood and components to other facilities.

Type B—Hospital blood bank which draws more than 100 donors per year.

Type C—Hospital transfusion service which draws fewer than 100 donors per year.

Donation Data

Total Number of Reported Units Drawn

1988 7,738,400 (539 facilities)

1987 6,562,000 (560 facilities)

Percent of change 15.2%

Total Number of Donations Drawn and Deferred

1988 8,464,267

Percent deferred 8.6%

1987 7,346,310

Percent deferred 11.2%

Number of Units and Donations Drawn or Deferred and Facility Percentages

Type A Facilities (Regional Blood Centers)	**1988**	**1987**
Number of Facilities Reporting	115	108
Number of Units Drawn	6,792,562	5,584,220
Percent of Total Units Drawn	87.8%	85.0%
Units Not Used, As Percent of Total Drawn	2.1%	2.5%
Number of Donations Deferred	591,758	653,819
Total Units Drawn & Donations Deferred	7,384,320	6,238,039
Donations Deferred, As Percent of Total Drawn and Deferred	8.0%	10.5%
Type B Facilities (Hospital Blood Banks)	**1988**	**1987**
Number of Facilities Reporting	333	374
Number of Units Drawn	872,871	970,937
Percent of Total Units Drawn	11.3%	15.0%
Units Not Used, As Percent of Total Drawn	2.5%	3.2%
Number of Donations Deferred	128,665	126,350
Total Units Drawn & Donations Deferred	1,001,536	1,097,287
Donations Deferred, As Percent of Total Drawn and Deferred	12.9%	11.5%
Type C Facilities (Transfusion Services)	**1988**	**1987**
Number of Facilities Reporting	91	76
Number of Units Drawn	72,967	6,281
Percent of Total Units Drawn	0.9%	0.1%
Units Not Used, As Percent of Total Drawn	5.5%	14.9%
Number of Donations Deferred	5,444	3,634
Total Units Drawn & Donations Deferred	78,411	9,915
Donations Deferred, As Percent of Total Drawn and Deferred	6.9%	36.7%

Transfusion Data

Total Units Transfused

1988 12,810,355 (1,905 facilities)

1987 13,820,000 (1,946 facilities)

Percent of change – 7.31%

Total Number of Facilities Reporting

	Type A	Type B	Type C	Total
1988	120	449	1,336	1,905
1987	104	393	1,449	1,946

Transfusion By Facility Type

	Type A		Type B		Type C	
	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting
1988	1.7	120	37.0	449	60.0	1,336
1987	5.7	104	22.1	393	72.1	1,449

Procedures Performed in 1988

	A	B	C	1988 Total	1987 Total	% Change from 1987
Autologous Units	175,926	115,133	40,387	331,446	282,856	14.7%
Autologous Patients	42,831	45,476	19,304	107,611	105,516	1.9%
Intraoperative Salvage Patients	1,075	26,917	16,321	44,313	36,649	17.3%
Directed Units	128,829	71,701	8,305	208,835	178,086	14.7%
Therapeutic Phlebotomy	15,084	26,337	11,582	53,003	53,815	– 1.5%
Plasmapheresis	17,385	1,546	142	19,073	18,128	4.9%
Plateletpheresis	37,378	41,044	8,361	86,783	100,630	– 15.9%
Leukapheresis	1,917	2,274	223	4,414	5,696	– 29.0%
Therapeutic Apheresis	7,696	13,941	4,818	26,455	31,567	– 19.3%

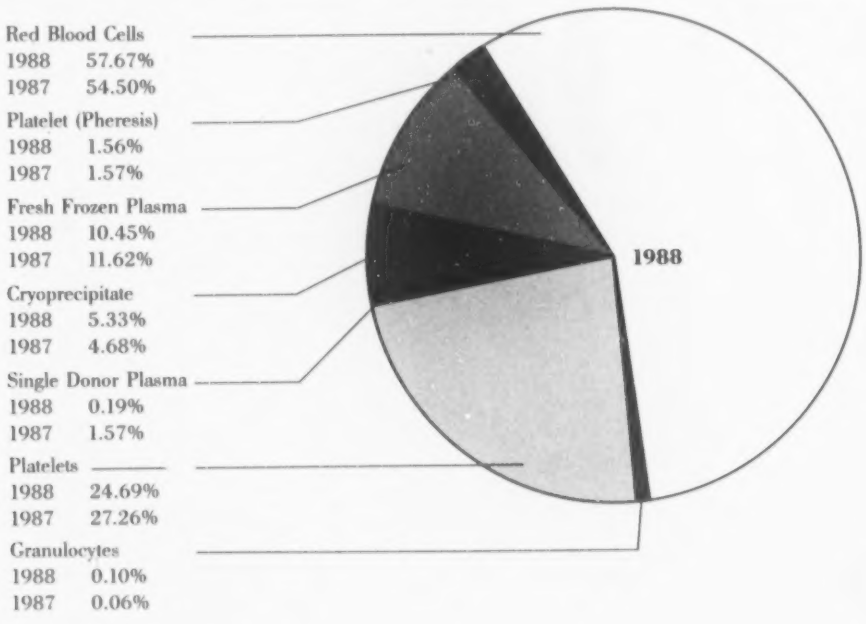
Total Crossmatches, Crossmatch to Transfusion Ratio and Percentage of Total Crossmatches by Facility Type

Facility Type	Crossmatches	Crossmatch to Transfusion Ratio 1988	1987	Percent of Crossmatches by Facility 1988	1987
A	399,289			2.6%	3.3%
B	6,062,775			40.3%	31.1%
C	8,592,581			57.1%	65.2%
Total	15,054,645	1:8	1:9		

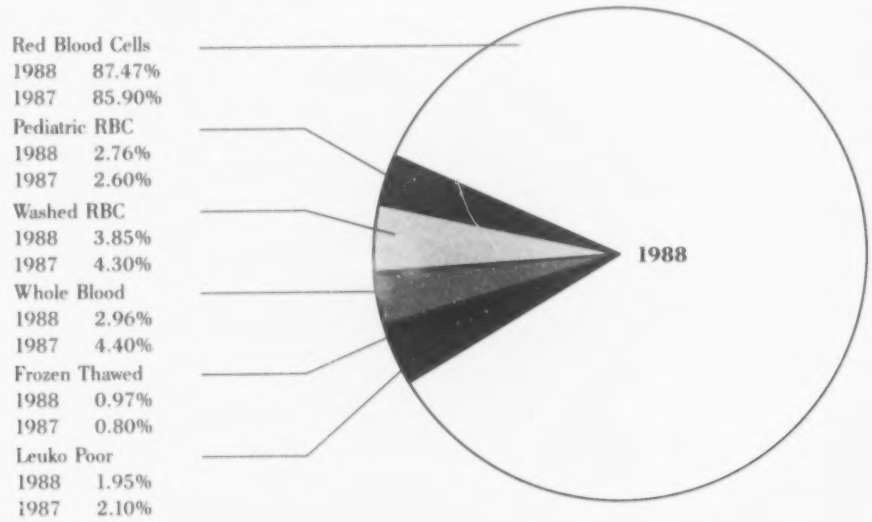
Estimated Outdated and Discarded Red Blood Cell Containing Component Units

	1988	1987
Total Units Tranfused	7,333,500	8,065,576
Units Outdated	571,344	1,012,313
Total Units as Available	7,904,844	9,077,889
% Outdated	7.2%	11.2%

Total Transfusions, All Components:
1988 12,810,355
1987 12,682,884



Total Red Cell Components Transfused:
1988 7,333,500
1987 8,051,996



1988-1989 COMMITTEE MEMBERS

AD HOC COMMITTEES OF THE BOARD

Personnel Committee

Purpose: To provide advice and counsel to the President, Board of Directors and Executive Director concerning AABB personnel matters.
Bobby Grigsby, chairman
Donald D. Doddridge
Page D. Sanchez-Meyer, MHS, MT(ASCP)SBB
Arthur J. Silvergleid, MD

Ad Hoc Planning Committee

Purpose: Evaluate and propose long-range directions for the American Association of Blood Banks.
Jacqueline D. Miller, MD, chairman
Louise J. Keating, MD
Dale R. Malloy, DPA, MT(ASCP)SBB
Hayle B. Randolph, MT(ASCP)SBB
Susan L. Wilkinson, MS, MT(ASCP)SBB
Ex-officio Members:
Gilbert M. Clark
Paul J. Schmidt, MD
Laurence A. Sherman, MD

Ad Hoc Public Advisory Committee

Purpose: Consider and make recommendations to the Board regarding the formation of a consumer advisory panel to be made up of patients and donors who will review issues under consideration by the AABB Board or its committees.
Arthur J. Silvergleid, MD, chairman
E. Shannon Cooper, MD
Gene A. Erickson

ADMINISTRATIVE COUNCIL

Blood Bank Workload Recording Committee

Purpose: To develop and maintain a current, comprehensive library of workload recording values for blood banks and transfusion services and to define a workload recording system that will be compatible with the College of American Pathologists' system.
Harold S. Kaplan, MD, chairman
Col. Gary B. Clark, MD, USA
William E. Kline, MS, MT(ASCP)SBB
Mark S. Lifshitz, MD
Dennis Raettig, MT(ASCP)SBB
Sally G. Swenson, SBB(ASCP)
David S. Wilkinson, MD, PhD
Liaisons:
James P. AuBuchon, MD
American Red Cross
Robert S. Cox, Jr., MD, PhD
College of American Pathologists

Inspection and Accreditation

Purpose: To implement the Association's Inspection and Accreditation Program throughout the world.
Herbert Silver, MD, chairman
Leonard I. Boral, MD
Sam J. Insalaco, MD
Francis S. Jones, MD
Robert J. Beck, MD
Richard E. Bettigole, MD
Leslie Ray Bryant, Jr., MD
Joseph H. Cooper, MD
Bennett Edelman, MD
Ronald O. Gilcher, MD, FACP
John A. Griep, MD
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Randi V. Rosvoll, MD
Robert B. Schultz, MD
Mabel M. Stevenson, MD
Harry L. Taylor, MD
Edward Tueller, MD
Margaret Waid, MD
Consultant: Margaret E. Wallace, MT(ASCP)SBB
Liaisons:
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Department of Defense
Stanley Edinger, PhD
Health Care Financing Administration
Kenneth J. Fawcett, MD
Histocompatibility Testing Committee
Paul V. Holland, MD
Standards Committee
P. Ann Hoppe
Division of Blood and Blood Products, FDA
Hans J. Peters, MD
College of American Pathologists
Richard H. Walker, MD
Technical Manual Committee

National Blood Resource Committee

Purpose: On behalf of the Association, make policy for the National Blood Exchange and provide assistance to the National Office to ensure effective and responsible service to National Blood Exchange participants.
William E. Bristow, MT(ASCP), chairman
Linda Belcher, MAT, MT(ASCP)SBB
Jane Mackey
Dale R. Malloy, DPA, MT(ASCP)SBB
Klaus Mayer, MD
Joseph G. Ridley
Roger K. Svoboda, MBA, MS, MT(ASCP)SBB
Nancy P. Vital
Catherine L. Wells, MT(ASCP)SBB
Ronald G. Wilkins
Liaison: Hayle B. Randolph, MT(ASCP)
Council of Community Blood Centers

Nursing and Donor Room Personnel Committee

Purpose: To foster the involvement of nursing and donor room personnel in the AABB and to provide expertise concerning the responsibilities of nursing and donor room personnel in allied sciences that pertain to blood banking.
Danna Sorenson, RN, chairman
Robert W. Braun, MT(ASCP)SBB
H. Mustafaa Carroll
Joan P. Jensen, RN
Christina A. Kasprisin, MS, RN
Janet Pavel, RN
Mary Rzasa, RN
David E. Sharp, MD, PhD

Reference Laboratory and Rare Donor File Committee

Purpose: To develop and maintain criteria for accrediting laboratories to which blood banking problems can be referred for consultation.
Judy Tessel, MT(ASCP)SBB, chairman
Richard Davey, MD
Virginia W. Hare, MT(ASCP)SBB
Linda Issitt, MT(ASCP)SBB
Janice McFarland, MD
Judy R. Norcia, MT(ASCP)SBB
Sherry Perry, MT(ASCP)SBB
Ann Rea, MT(ASCP)SBB
Deborah L. Weiland, MS, MT(ASCP)SBB
Consultant: Kathleen Skradski, MT(ASCP)SBB

Safety Committee

Purpose: To provide guidance on safety procedures for the blood center and transfusion service.
Stephen J. Brown, MT(ASCP)SBB
P. Ann Hoppe
Jeanne A. Dahl, MT(ASCP)
Joseph G. Ridley
Gerald A. Hoeltge, MD

Standards Committee

Purpose: To develop and publish biannually minimal standards for relevant aspects of blood bank practices.
Paul V. Holland, MD, chairman
Carol A. Bell, MD
Leonard I. Boral, MD
John Case, FIMLS
George Garratty, PhD, FIMLS, MRCPath
Dennis Goldfinger, MD
Harold S. Kaplan, MD
Klaus Mayer, MD
John D. Milam, MD
Margie B. Peschel, MD
Susan Steane, MS, MT(ASCP)SBB
Richard H. Walker, MD
Charles H. Wallas, MD
Frances K. Widmann, MD
Linda C. Winn, MA, MT(ASCP)SBB
Liaisons:
Kenneth J. Fawcett, MD, MS
Histocompatibility Testing Committee
Kathryn McCurdy, SBB(ASCP)
American Red Cross
Hans J. Peters, MD
College of American Pathologists
Anthony J. Polk, LTC, MS, USA
Department of Defense
Herbert Silver, MD
Inspection and Accreditation Committee
Joel Solomon, PhD
Division of Blood and Blood Products, FDA
Richard H. Walker, MD
Technical Manual Committee

Technical Manual Committee

Purpose: To prepare a *Technical Manual* that will provide practical guidance concerning methods and techniques that implement the *Standards*.
Richard H. Walker, MD, chairman
W. John Judd, FIMLS, FIBiol
Paul Ness, MD
Herbert F. Polesky, MD
Susan D. Rolih, MS, MT(ASCP)SBB
Edward L. Snyder, MD
Virginia Vengelen-Tyler, MT(ASCP)SBB
Liaisons:
P. Ann Hoppe
Division of Blood and Blood Products, FDA
Michael J. Ward, MAJ, USAF, BSC
Department of Defense

Ad Hoc Committee to Review Circular of Information

Purpose: To review the Circular of Information and make changes when appropriate. This activity is coordinated with the ARC, CCBC and FDA.
Paul D. Mintz, MD, chairman
Peter L. Page, MD
Edward L. Snyder, MD
Frances K. Widmann, MD

Ad Hoc Committee to Review the Med Tech Shortage

Purpose: Assess the impact, both short and long term, on AABB members of the shortage of entrants in the field of medical technology, particularly Specialists in Blood Banking.
Stephanie Summers, MEd, MT(ASCP)SBB, chairman
Joyce Davis, MBA, MT(ASCP)SBB
Sally V. Rudmann, PhD, MT(ASCP)SBB
Marcus B. Simpson, Jr., MD

EDUCATIONAL COUNCIL

Academic Transfusion Medicine Committee

Purpose: Establish working relations between TMAA, NHLBI and AABB.
Ennio C. Rossi, MD, chairman
James P. Crowley, MD
Douglas W. Huestis, MD
Margot S. Kruskall, MD
John D. Milam, MD
Paul J. Schmidt, MD
Liaison:
Paul R. McCurdy, MD
NHLBI

Accreditation of SBB Schools Committee

Purpose: To serve as a joint review board in collaboration with CAHEA for the accreditation of educational programs for Specialists in Blood Bank Technology.

Joberta D. Wells, MT(ASCP)SBB, chairman
Teresa D. Anderson, MT(ASCP)SBB
Andrea J. Casper, MT(ASCP)SBB
Marcus B. Simpson, Jr., MD
Hannis W. Thompson, MD
Pamela J. Troyer, MSA, MT(ASCP)SBB
Laura Lee Woods, MS, MT(ASCP)SBB

Annual Meeting Seminar Committee

Purpose: To plan and organize the Annual Meeting Seminar.

Sandra J. Nance, MS, MT(ASCP)SBB, chairman
Daniel B. Brubaker, DO
Ruth Miller Mougey, MT(ASCP)SBB
Barbara McKeever Peoples, BA, MS, MT(ASCP)SBB
Mark A. Popovsky, MD
Marjory Stroup Walters, MT(ASCP)SBB
Liaison: Gail A. Rock, PhD, MD Scientific Program Committee

Certification Committee (SBB/BB)

Purpose: To serve as an AABB/BoR committee for BoR examinations in blood banking. To serve as advisory group to the Board of Directors of the AABB on all matters pertaining to certification of blood bank technologists.

Susan Wilkinson, MS, MT(ASCP)SBB, chairman
Joan Barker, MT(ASCP)SBB
Peggy J. Brown, PhD, MT(ASCP)SBB
William J. Hunter, MD
David E. Jenkins, Jr., MD
Susan F. South, MT(ASCP)SBB
Virginia Vengelen-Tyler, MBA, MT(ASCP)SBB
Board of Registry Appointee: Stephanie Summers, MEd, MT(ASCP)SBB
Board of Registry Representative: Fay Weirich, MT(ASCP)SBB

Exhibits Committee

Purpose: To provide, through exhibits at the Annual Meeting, information on tests, materials and devices designed to serve the needs of donors and patients; to offer a forum in which commercial organizations can present available items; to provide a forum for educational exhibits; and to ensure that exhibitors conform to the policies of the Health Care Exhibitors Association.

Kathleen O. Chadwick, MT(ASCP)SBB, chairman
Frances S. Chizeck
James N. Cooper
Bruce Haguewood
George L. Leonard, MD

Regional Education Committee

Purpose: To develop content for, and implement, comprehensive continuing education programs which can be presented on a regional basis.

Melanie S. Kennedy, MD, chairman
James P. AuBuchon, MD
Lucia B. Berte, MA, MT(ASCP)SBB
Suzanne H. Butch, MT(ASCP)SBB
Myra L. Collins, MD, PhD
Estre Culotta, MHS, MT(ASCP)SBB
Trudell S. Green, MT(ASCP)SBB
Kay R. Gregory, MT(ASCP)SBB
Nancy A. Murphy, MT(ASCP)SBB
Janet Kay Wilson, MT(ASCP)SBB
Consultant:
J.A. Holmberg, PhD

Scientific Program Committee

Purpose: To plan meaningful scientific communications and lectures for the Annual Meeting.

Gail A. Rock, PhD, MD, chairman
Kenneth C. Anderson, MD
Emanuel Hackel, PhD
Naomi L.C. Luban, MD
Francis S. Morrison, MD
Marilyn K. Moulds, MT(ASCP)SBB
Joel Umlas, MD
Liaisons:
Sandra J. Nance, MS, MT(ASCP)SBB Annual Meeting Seminar Committee
Lawrence D. Petz, MD Selection of Abstracts Committee

Selection of Abstracts Committee

Purpose: To conduct the process of evaluation and selection of technical/scientific abstracts for presentation at the Annual Meeting.

Lawrence D. Petz, MD, chairman
George Garratty, PhD, FIMLS, MRCPath
Fred V. Plapp, MD, PHD
Kathleen Sazama, MD
Ronald Strauss, MD
Gary E. Tegtmeier, PhD
Liaison: Gail A. Rock, PhD, MD Scientific Programs Committee

Self Testing and Review Committee

Purpose: To implement proficiency survey programs for blood banking professionals.

Donald Bennett, MT(ASCP)SBB, chairman
Christine Barrasso, MT(ASCP)SBB
Patricia Ellinger, MSEd, MT(ASCP)SBB
Joseph D. Mann, MD
Laverne McMahon, MEd, MT(ASCP)SBB
Joycelyn L. Schowalter, MEd, MT(ASCP)SBB
Hannis W. Thompson, MD

Technical/Scientific Workshops Committee

Purpose: To provide overall planning and coordination of the Association's technical workshops.

Dennis M. Smith, Jr., MD, chairman
Michael L. Baldwin, MBA, MT(ASCP)SBB
Alice Reynolds Barr, SBB(ASCP)
Katherine B. Carlson, MT(ASCP)SBB
Morris R. Dixon, MM, MT(ASCP)SBB
Ronnie J. Garner, MD
Frances L. Gibbs, MT(ASCP)SBB
Avrum H. Golub, MD
Christina A. Kasprisin, MS, RN
Sanford R. Kurtz, MD
Judith S. Levitt, MT(ASCP)SBB
Barbara Laird-Fryer, MT(ASCP)SBB
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Phyllis Unger, MT(ASCP)SBB
Margaret E. Wallace, MHS, MT(ASCP)SBB
Robert G. Westphal, MD

Ad Hoc Annual Meeting Advisory Committee

Purpose: To serve as an advisory forum to the Director of Meeting Services on the coordination of various programs presented at the Annual Meeting.

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Sandra J. Nance, MS, MT(ASCP)SBB
Lawrence D. Petz, MD
Gail A. Rock, MD, PhD
Dennis M. Smith, Jr., MD
ASCC Representatives
Brian P. McDonough
Barbara Zimmerman, MT(ASCP)SBB

Ad Hoc Committee to Plan and Coordinate 1990 Annual Meeting

Purpose: Plan and coordinate with the Department of Meeting Services a meeting with the International Society of Blood Transfusion (ISBT) to be held in 1990 in Los Angeles, California.

Eugene M. Berkman, MD, chairman
Kathleen O. Chadwick, MT(ASCP)SBB
Sandra J. Nance, MS, MT(ASCP)SBB
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Judi A. Sherwin, MT(ASCP)SBB
Dennis M. Smith, Jr., MD
Barbara Zimmerman, MT(ASCP)SBB

Ad Hoc Committee to Review the Annual Meeting

Purpose: Review the structure, programs and format of the Annual Meeting. Report findings and recommendations for change to the Board by the July 1989 Board Meeting.

George Garratty, PhD, FIMLS, MRCPath, chairman
Paul Ness, MD
Judi A. Sherwin, MT(ASCP)SBB

Ad Hoc Education Advisory Committee

Purpose: Ensure educational programs are developed that will best meet the educational needs of the AABB membership, (technical, medical, administrative, nursing, and donor recruitment), accomplish the goals of the AABB, and are developed and implemented in the most cost-effective and/or cost-recoverable way to the AABB.

Richard S. Eisenstaedt, MD, chairman
Melanie S. Kennedy, MD
Gail A. Rock, MD, PhD
Ennio C. Rossi, MD
Dennis M. Smith, Jr., MD
Danna Sorenson, RN
Joel Umlas, MD
SSCC Representative: Richard J. Davey, MD
ASCC Representative: Barbara Zimmerman, MT(ASCP)SBB

ORGANIZATIONAL COUNCIL

Association Questionnaires Committee

Purpose: To ensure that an appropriate annual questionnaire is submitted to and completed by institutional members of the Association, and that questionnaire information deemed appropriated by the Board is made available to the membership. To ensure that any additional questionnaires submitted to the membership are appropriate.

Patricia Devine, MD, chairman
Joseph R. Bove, MD
Margaret Hanson, MT(ASCP)SBB
Linda D. Horton, MT(ASCP)SBB
Jeanne Linden, MD, MPH
Candace K. Williams
Consultant:
Herbert F. Polesky, MD

Awards Committee

Purpose: To make recommendations to the AABB Board regarding certain named awards.

The members of this committee are anonymous.

Bylaws Committee

Purpose: To examine proposed Bylaws changes to ensure that they conform to the current needs and direction of the Association.
Richard S. Kolecki, MD, chairman
E. Shannon Cooper, MD
E. Arthur Dreskin, MD
Walter T. Watts, MT(ASCP)

Ethics Committee

Purpose: To offer peer review concerning issues related to the ethics of blood banking practice.
Grace M. Neitzer, MT(ASCP)SBB, Chairman
Ronald E. Domen, MD
Kenneth N. Edwards
Ernesto M. Obregon, MA, MT(ASCP)SBB
Herbert Silver, MD
Louise Esplin Swenson

Commonality Committee

Purpose: Assume a leadership role in the technical specifications for blood collection and transfusion services labeling and coding of blood components and derivatives.
Edwin A. Steane, PhD, chairman
Ron Salisbury
Judy A. Tessel, MT(ASCP)SBB
Candace K. Williams
Liaisons:
Beverly Robinson, CCBC Council of Community Blood Centers
Joel Solomon, PhD Food and Drug Administration

Finance Committee

Purpose: To advise the Board concerning AABB fiscal policies and status.
Jane Mackey, chairman
William M. Coenen
James N. Cooper
Jerry Kolins MD
William H. Portman
Ex-Officio Member: Alfred J. Grindon, MD, Treasurer
Consultant: James E. Way

Information Systems Committee

Purpose: Address the proper procedures and methods needed for blood banks' and transfusion services' use of computerized records, particularly with respect to FDA regulations and AABB Standards.
Susan M. Steane, MS, MT(ASCP)SBB, chairman
Raymond D. Aller, MD
Tony C. Anthonisen
Elaine C. Gordon, MT(ASCP)SBB
Carma Rippee, MT(ASCP)SBB
Louise E. Smith, MPA, MT(ASCP)SBB
Ruth A. Zatik, MT(ASCP)
Liaison: Joel Solomon, PhD, FDA
Consultant: William H. Carlson, Community Health Computers

International Relations Committee

Purpose: To foster the AABB's relationships with foreign blood banking associations and to encourage friendships between individual American and foreign members.
Chantal R. Harrison, MD, chairman
Tibor J. Greenwalt, MD
Angelyn A. Konugres, PhD
German F. Leparc, MD
Mahendra Rupani, MD
Roanne C. Rutman
Cees Th. Smit-Sbinga, MD, PhD
Consultants:
Michael H.K. Irwin, MD United Nations
Mario Gonzalez-Pacheco Pan American Health Organization

Membership Committee

Purpose: To advise the Board regarding membership recruitment and applications.
Edward O. Carr, MT(ASCP)SBB, chairman
Daniel B. Brubaker, DO
John L. Drury
Raegene King, RN
David J. May

Publications Committee

Purpose: To determine the need and suitability of proposed publications and also serve to smooth the publication of approved manuscripts.
Joel Umlas, MD
Frances S. Chizeck
Harold A. Oberman, MD
Susan D. Rolih, MS, MT(ASCP)SBB
Marilyn J. Telen, MD
Consultant: Stephanie Summers, MEd, MT(ASCP)SBB

Ad Hoc Building Committee

Purpose: To assist staff with tasks and activities associated with the assessment of future space requirements for the National Office and the most appropriate solution to those requirements.
Bobby A. Grigsby, CPA, chairman
Donald D. Doddridge
Joan A. Maher, MT(ASCP)SBB
Robert Travis, MT(ASCP)SBB

Ad Hoc Committee on Elections

Purpose: To ensure that elections at the Annual Business Meeting are conducted in accordance with Association policies.
Edwin F. Smith, chairman
Naomi L. C. Luban, MD
Leo J. McCarthy, MD
David R. Parsons
Jack Smythe
Robert Travis, MT(ASCP)SBB

Ad Hoc Committee to Review Dues for Institutional Members

Purpose: Review institutional member dues structure and recommend if changes should be implemented.
Edward O. Carr, MT(ASCP)SBB, chairman
Suzanne H. Butch, MT(ASCP)SBB
Herbert Silver, MD
Jane Mackey

Ad Hoc Committee to Review Reimbursement Policies

Purpose: To review and make recommendations to the Board regarding compensation of solicited authors for AABB publications.
Jane Mackey, chairman
Herbert Silver, MD
Dennis M. Smith, Jr., MD
Joel Umlas, MD

SCIENTIFIC COUNCIL

Autologous Transfusion Committee

Purpose: To provide expertise concerning preoperative and intraoperative autologous transfusion practices. To recommend appropriate performance standards, and to provide education concerning their uses.
Linda C. Stehling, MD, chairman
Lani Gerber, RN
Steven A. Gould, MD
Steven H. Kleinman, MD
Margot S. Kruskall, MD
Mark A. Popovsky, MD
David G. Schoenleber, MT(ASCP)SBB
Roslyn Yomtovian, MD

Component Therapy Committee

Purpose: To promote the appropriate transfusion of blood components and to provide education concerning their preparation, use and effectiveness.
Patricia T. Pisciotto, MD, chairman
David Ciavarella, MD
Sanford R. Kurtz, MD
Thomas A. Lane, MD
Gary Moroff, PhD
Francis S. Morrison, MD
Stanley C. Roberts, SBB(ASCP)
Consultant: Leslie Dalton, MD

Hemapheresis Committee

Purpose: To serve as a source of expertise for AABB programs that relate to cytapheresis, plasmapheresis, and therapeutic apheresis.
Duke O. Kaprisin, MD, chairman
Freydoon Athari, MD
Diane Ferguson, MT(ASCP)SBB
Dallas A. Forshew, RN
Susan F. Leitman, MD
Bonnie Peterson, MT(ASCP)RN
David E. Sharp, MD, PhD
David H. Yawn, MD

Histocompatibility Testing Committee

Purpose: To serve as a source of expertise concerning organ transplantation and tissue typing.
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Frances Decary, MD, PhD
Chantal R. Harrison, MD
Ram Kakaiya, MD
Marjorie Kimball, MS, MT(ASCP)SBB
James M. Mason, PHD
Alice L. Werner, MD
Liaisons:
Marilyn S. Pollack, PhD ASHI
Richard H. Walker, MD College of American Pathologists

Molecular and Cellular Biotechnology Committee

Purpose: To serve as a resource committee for the Board to ensure that new technology is reviewed and evaluated and to suggest appropriate active roles for the Association in disseminating information about new technology to the profession, and the proper timing for implementation in transfusion services and blood centers. To continually monitor research and commercial efforts to ensure that all relevant approaches are scrutinized.
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Emanuel Hackel, PhD
Joanna M. Heal, MRCP
Jay Brooks Jackson, MD
Serafeim P. Masouredis, MD, PhD

Parentage Testing Committee

Purpose: To provide a source of expertise in matters related to parentage testing.
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Daniel Garner, PhD
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Robert C. Williams, PhD
Consultant: Herbert F. Polesky, MD
Liaisons:
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Marilyn S. Pollack, PhD, ASHI

Pediatric Hemotherapy Committee

Purpose: To foster a knowledge and understanding of blood transfusion therapy in neonates and children.
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Cirilo Sotelo-Avila, MD
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American Academy of Pediatrics

Transfusion Practices Committee

Purpose: To develop guidelines on transfusion practice for hospital transfusion services.
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Purpose: To provide consultation, as needed, on all facets of transfusion-related diseases and related laboratory tests.
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Council of Community Blood Centers

Transplantation Services Committee

Purpose: To serve as a source of expertise in tissue banking and practical aspects of transplantation.
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Consultant: Harold G. Moore
The Johns Hopkins Hospital
Liaison: Kenneth J. Fawcett, MD
Histocompatibility Testing Committee

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Purpose: To enhance the professionalism associated with blood banking administration and to provide a voice on the AABB Board of Directors, through an elected representative. To conduct studies and administrative programs, and provide services that further the best interests of the Association.
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Julie A. Beck
Representative from SSCC:
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SCIENTIFIC SECTION COORDINATING COMMITTEE

Purpose: To represent the interests of the individual members of the AABB who are concerned with the medical, scientific and technical aspects of blood banking. Specifically it should be an official channel of communication between individual members of the scientific-technical community and the AABB Board of Directors, its officers and committees. It should advise the AABB Board of Directors and its officers on matters relevant to the medical, scientific and technical aspects of the Association and it should identify new or emerging areas of transfusion medicine, science or technology that have importance for blood banking and develop a role for the AABB in these areas.
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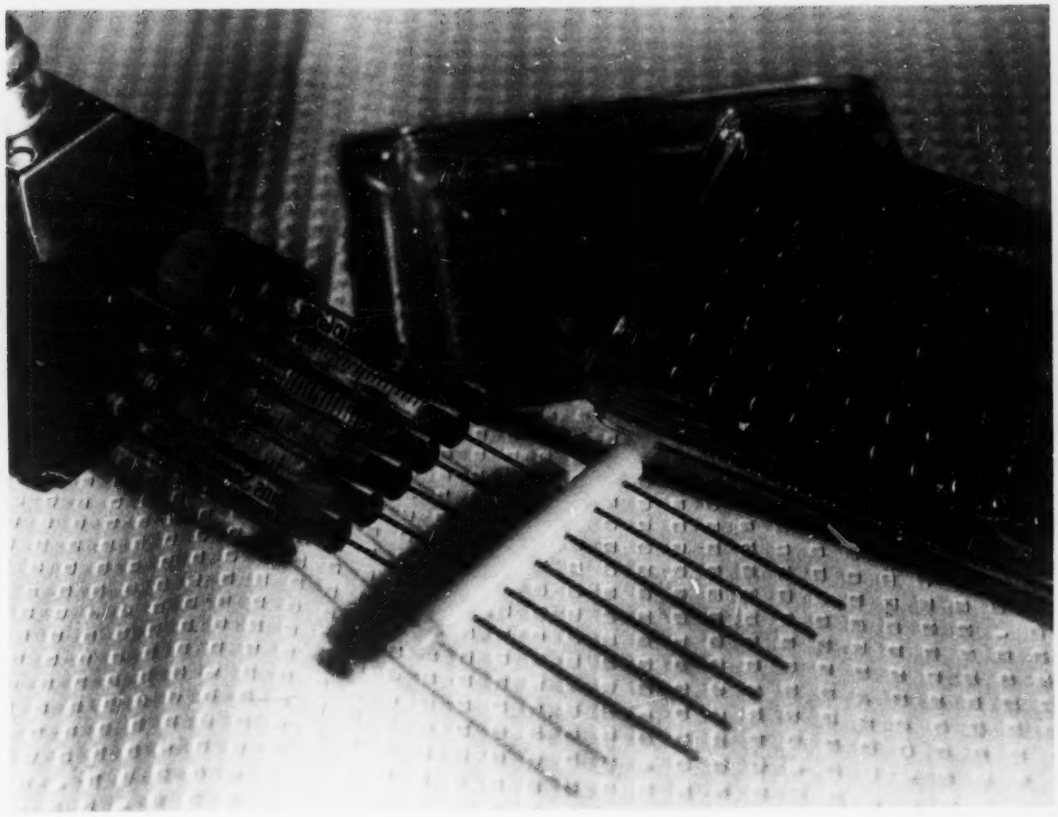


Hamilton syringe dispenser with trays used for human lymphocyte antigen (HLA) typing.

AMERICAN ASSOCIATION OF BLOOD BANKS FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 1989, TOGETHER WITH REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

Treasurer's Report

The financial statements of the American Association of Blood Banks for the year 1989 are presented on the following pages. The records of the Association have been audited by Arthur Andersen & Co., certified public accountants.

The results for the year were in accord with the long range plan and the Association remains in a sound fiscal position.

Alfred J. Grindon, MD

Treasurer

Report of Independent Public Accountants

We have audited the accompanying combined balance sheets of American Association of Blood Banks (the "Association," an Illinois not-for-profit corporation) as of September 30, 1989 and 1988, and the related combined statements of revenues and expenses, and changes in fund balance and cash flows for the years then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of American Association of Blood Banks as of September 30, 1989 and 1988, and the results of its operations and its cash flows for the years then ended, in conformity with generally accepted accounting principles.

Arthur Andersen & Co.

Washington, DC

December 15, 1989

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED BALANCE SHEETS AS OF SEPTEMBER 30, 1989, WITH SUMMARIZED TOTALS FOR 1988

	Association	Foundation	Combined Totals 1989	Combined Totals 1988
ASSETS				
CURRENT ASSETS:				
Cash and cash equivalents	$	$ 13,813	$ 13,813	$ 335,463
Investments (Note 3)	1,187,331	1,039,110	2,226,441	1,933,686
Accounts receivable	340,965	25,000	365,965	301,837
NBE receivables	1,580,236	—	1,580,236	1,858,378
Publications inventory, at cost	474,810	—	474,810	398,547
Prepaid expenses and other	216,197	—	216,197	172,514
Total current assets	3,799,539	1,077,923	4,877,462	5,000,425
PROPERTY:				
Furniture, equipment and leasehold improvements, at cost	815,414	—	815,414	692,029
Accumulated depreciation and amortization	(373,598)	—	(373,598)	(323,091)
Property net	441,816	—	441,816	368,938
INTERFUND RECEIVABLE (PAYABLE)	(13,323)	13,323	—	—
INTANGIBLES (Note 2)	464,194	—	464,194	
Total assets	**$4,692,226**	**$1,091,246**	**$5,783,472**	**$5,369,363**
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current portion of capitalized lease obligations	$ 19,360	$	$ 19,360	$ 17,125
Accounts payable and accrued expenses	506,667	—	506,667	524,456
NBE accounts payable	814,385	—	814,385	744,235
Unearned revenue—				
Membership dues	340,049	—	340,049	360,154
Annual Meeting	1,075,224	17,715	1,092,939	868,492
Other	104,927	—	104,927	71,419
Total current liabilities	2,860,612	17,715	2,878,327	2,585,881
LONG-TERM PORTION OF CAPITALIZED LEASE OBLIGATIONS	19,882	—	19,882	38,000
Total liabilities	2,880,494	17,715	2,898,209	2,623,881
FUND BALANCES:				
Undesignated	1,355,592	—	1,355,592	1,380,031
Designated—Acquisition of Building (Note 1)	400,000	—	400,000	400,000
Designated AABB Foundation (Note 1)	—	1,073,531	1,073,531	942,411
Donated Funds	56,140	—	56,140	56,140
Unrealized loss on equity securities (Note 3)	—	—	—	(33,100)
Total fund balance	1,811,732	1,073,531	2,885,263	2,745,482
Total liabilities and fund balance	**$4,692,226**	**$1,091,246**	**$5,783,472**	**$5,369,363**

The accompanying notes are an integral part of these statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF REVENUES AND EXPENSES, AND CHANGES IN FUND BALANCE
FOR THE YEAR ENDED SEPTEMBER 30, 1989, WITH SUMMARIZED TOTALS FOR 1988

			Combined Totals	
	Association	Foundation	1989	1988
REVENUES				
Membership	$1,454,143	$ —	$1,454,143	$1,398,750
Publications	827,523	—	827,523	981,626
Annual meeting	966,190	—	966,190	959,217
NBE	454,679	—	454,679	438,440
Interest	132,123	85,916	218,039	228,245
Technical programs	352,940	—	352,940	507,198
Miscellaneous	271,241	19,492	290,733	22,775
Donations	267,687	432,244	699,931	377,870
	4,726,526	537,652	5,264,178	4,914,121
EXPENSES				
Member services	799,582	—	799,582	1,008,137
Publications	480,617	—	480,617	613,894
Meeting services	366,119	—	366,119	132,284
Scientific	822,088	—	822,088	358,248
Education	260,017	—	260,017	239,045
Executive management	302,987	—	302,987	278,751
General administration	930,472	139,677	1,070,149	1,223,608
NBE	255,113	—	255,113	298,648
Annual meeting	509,632	—	509,632	472,570
Grant awards	—	266,855	266,855	82,331
Realized loss on investments	24,338	—	24,338	—
	4,750,965	406,532	5,157,497	4,707,516
REVENUES IN EXCESS OF (LESS THAN) EXPENSES	(24,439)	131,120	106,681	206,605
FUND BALANCE, beginning of year	1,803,071	942,411	2,745,482	2,571,977
UNREALIZED GAIN (LOSS) ON EQUITY SECURITIES (Note 3)	33,100	—	33,100	(33,100)
FUND BALANCE, end of year	**$1,811,732**	**$1,073,531**	**$2,885,263**	**$2,745,482**

The accompanying notes are an integral part of these statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 1989 AND 1988

	1989	1988
CASH FLOWS FROM OPERATING ACTIVITIES:		
Revenues in excess of expenses	$ 106,681	$ 206,605
Noncash items included in revenues		
in excess of expenses—Depreciation	104,023	94,488
Changes in assets and liabilities—		
Increase in accounts receivable	(64,128)	(200,060)
Decrease (increase)in NBE receivables	278,142	(647,133)
Increase in inventories	(76,263)	(141,462)
Increase in prepaids	(43,683)	(157,239)
(Decrease) increase in accounts payable and accrued expenses	(17,789)	212,794
Decrease in other payables	—	(122,741)
Increase in NBE payables	70,150	42,018
(Decrease) increase in unearned revenue—dues	(20,105)	47,094
Increase in unearned revenue—annual meeting	224,447	272,329
Increase (decrease) in unearned revenue-other	33,508	(97,848)
Provision for unrealized loss on equity securities	33,100	(33,100)
Net cash provided by (used in) operations	628,083	(524,255)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Sales of investments, net of purchases	(292,755)	135,423
Purchases of fixed assets	(176,901)	(144,237)
Purchase of intangibles	(464,194)	—
Net cash used in investing activities	(933,850)	(8,814)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from capital lease obligations	—	29,685
Payments on capital lease obligations	(15,883)	(13,593)
Net cash provided by (used in) financing activities	(15,883)	16,092
NET DECREASE IN CASH	(321,650)	(516,977)
CASH, beginning of year	335,463	852,440
CASH, end of year	$ 13,813	$ 335,463

The accompanying notes are an integral part of these statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 1989 AND 1988

1. Organization and Significant Accounting Policies:

Organization

The American Association of Blood Banks (the "Association") was incorporated under the laws of Illinois on November 5, 1958, as a not-for-profit membership organization of operating blood banks and other blood bankers. The general purposes of the Association are to develop and recommend standards regulating the practice of blood banking, to sponsor and support programs for the testing of blood, to promote public health, to maintain the National Blood Exchange (NBE), and to conduct numerous programs for communication and education among the Association's members and the public.

The AABB Foundation (the "Foundation") is a designation of the Association's operating funds established by the Board of Directors. Earnings on the original funds designated are to be utilized for research grants in the blood banking field. At September 30, 1989, $856,770 of the fund balance designated for the Foundation in the accompanying balance sheets was restricted so that only the earnings of the related investments could be used for the activities of the Foundation. Beginning in fiscal year 1988, the Foundation reimburses the Association for all the Foundation's operating expenses paid by the Association. This is reflected in the accompanying statements of revenues and expenses, and changes in fund balances. Prior to fiscal year 1988, these expenses were borne by the Association.

Basis of Presentation

The accompanying financial statements present the combined operations of the Association and the Foundation. Certain reclassifications of prior-year balances have been made to conform with the fiscal year 1989 presentation.

Revenue Recognition

Membership dues received in advance for the following fiscal year are recorded as unearned revenue. Membership dues are recognized as revenue over the period to which the dues apply. Revenue earned on the viral hepatitis survey programs is deferred until the conclusion of each annual survey. Subscriptions to *Blood Bank Week* are recorded as deferred income and recognized ratably throughout the fiscal year based upon subscription anniversary dates.

Annual Meeting Revenue and Expenses

Revenues received and expenses incurred in advance for the Association's annual meetings and other programs in the following fiscal year are recorded as unearned revenue and prepaid expenses, respectively, until the related event has occurred.

Depreciation and Amortization

Furniture and equipment is depreciated using the straight-line method over estimated service lives of five to ten years. Leasehold improvements and equipment under capital leases are amortized over the lesser of the lease term or the estimated useful life.

Cash Flows

The Association considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

2. Intangible Assets:

In June 1989, the Association purchased the rights to publish the journal *Transfusion*, as well as related intangible assets, for total consideration of $464,194. The acquired intangible assets, which consist primarily of subscription lists, will be amortized over their estimated useful lives commencing with the publication fo the first issue in January 1990.

3. Investments:

Investments consist primarily of money market funds, short-term corporate and government bonds, and equity securities. Money market funds are carried at cost, which approximates market. Debt securities are carried at cost, which, for some securities, is above market value. The Association intends to hold these securities until maturity, at which time the cost basis would be recovered. Equities are carried at lower of cost or market. During fiscal year 1988, the aggregate market value of the Association's equity securities declined approximately $33,100 below the original cost. The adjustment to recognize the decline has been reflected as a direct reduction to fund balance in the accompanying financial statements. During fiscal 1989, these investments were sold for a realized loss $24,338, which is reflected in the statement of revenue and expenses, and changes in fund balance. Amounts at September 30, 1989, consisted of the following.

Association	**Cost**	**Market**
Money market funds	$ 890,384	$ 890,384
Debt securities	299,543	296,947
	1,189,927	1,187,331
Foundation		
Money market funds	369,562	369,562
Debt securities	571,442	567,031
Equity securities	98,106	113,524
	1,039,110	1,050,117
Total	**$2,229,037**	**$2,237,448**

4. Insurance Reimbursement:

During the 1989 fiscal year, the Association received an insurance reimbursement in the amount of $83,629. The reimbursement represents a claim for recovery of losses from the defalcation of one of the Association's former employees. These losses include realized loss on investments in the amount of $24,338. (See Note 3.)

The insurance reimbursement is included in Association miscellaneous revenues in the financial statements.

5. FDA Contract:

The Association was awarded a contract from the Food and Drug Administration in December 1988 to study the prevalence of the HIV antigen in asymptomatic anti-HIV negative blood donors. The contract is a one-year cost reimbursement contract in the amount of $535,996. The contract was extended through June 1990.

6. National Blood Exchange:

The National Blood Exchange operates as a clearinghouse for the shipping and receiving of blood units by participating blood banks. Processing and service fees are charged to receiving blood banks for each unit of blood received by them and are paid through the National Blood Exchange to the shipping blood banks.

7. Restriction on Cash:

The Association is required to maintain a compensating cash balance in the amount of $100,000 at all times for its sweep cash account.

8. Lease Commitments:

At September 30, 1989, the Association was obligated under noncancelable operating leases for equipment and office space, which expire in various years through 1992.

The Association leases an automobile and various equipment under capital leases expiring in various years through 1991. The assets under capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset.

Minimum future rental payments under the operating leases and capitalized leases for each of the next three years and in total as of September 30, 1989, are summarized below.

Year ended September 30	Operating leases	Capital leases
1990	$ 353,189	$ 20,888
1991	360,689	15,921
1992	212,954	8,268
Total minimum future rental payments	$ 926,832	$ 45,077
Less—Amount representing interest		5,835
Present value of future lease payments		**$ 39,242**

Total rental expense for office and equipment operating leases was approximately $267,339 and $225,000 for the years ended September 30, 1989 and 1988, respectively.

9. Pension Plan:

The Association has a defined contribution pension plan covering substantially all full-time employees. The Association's annual contribution, as defined in the plan, is based on certain percentages of the participants' compensation for the preceding plan year. Benefits related to employer contributions begin vesting after two years of service and become fully vested at nine years. Employees may make annual voluntary contributions to the plan of up to $2000 plus 10% of their annual compensation as of the last day of the plan year. Pension exepense was $44,406 and $46,613 for the years ended September 30, 1989 and 1988, respectively.

10. Income Tax Status:

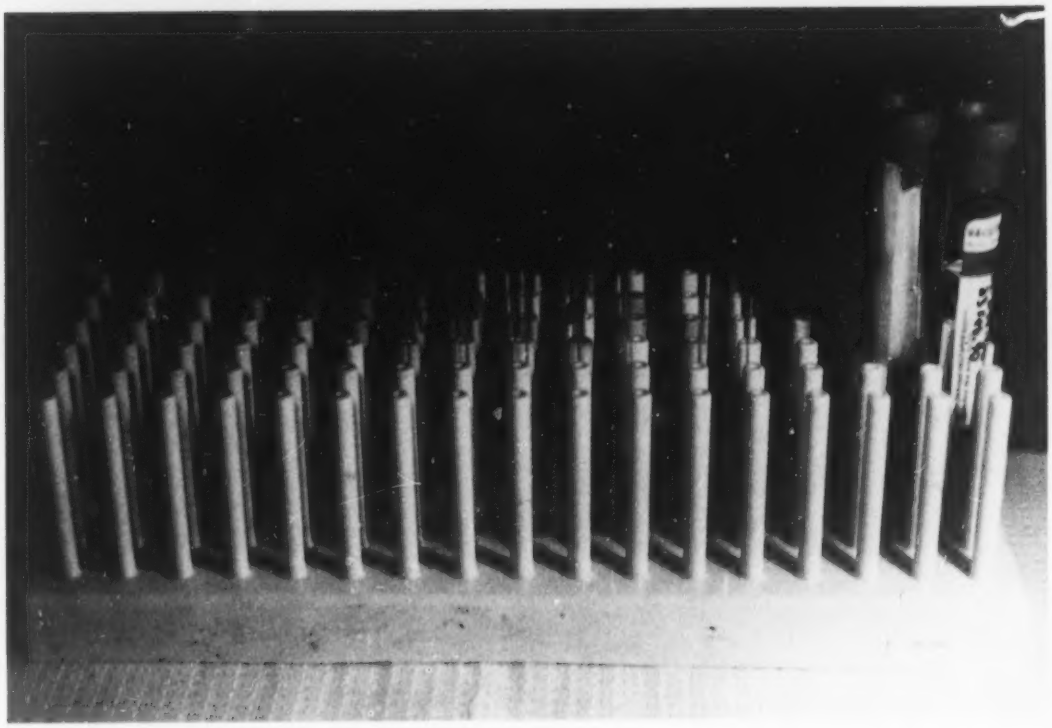
The Association is exempt from Federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code.

11. Contingencies:

The Association is a named party in several civil suits alleging negligence relating to the testing, screening, and distribution of blood products. The damages claimed under these suits are in excess of the Association's current insurance limits. Counsel has indicated that it is unable to currently determine the exposure, if any, to the Association. The Association intends to vigorously defend itself against these claims and believes that the claims will not have a material adverse impact on the Association.

12. Subsequent Event:

Subsequent to year-end, the Association was notified that its comprehensive general liability insurance would now exclude the following conditions: The setting of standards, failure to provide warnings, licensing or certifying. Prior to the change, coverage had been provided for these conditions for up to $1 million per occurrence. This change in coverage was effective on December 20, 1989. The Association is currently investigating its options with respect to insuring for these conditions and as yet no new coverage has been secured.



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1988-89 SUSTAINING MEMBERS

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Individual Sustaining Members—United States

Lool Seged Abebe, MD
New York, NY

Arnold Abrams, MD
Santa Monica, CA

Jose Abrenio, MD
Grundy, VA

John Accola, MD
Miami, FL

Loren Acker
Tucson, AZ

Jose Acosta-Olmed, MD
Silvis, IL

Dana Adami, BS
St. Louis, MO

Robert Adams, MD
Montgomery, AL

Margaret Adler, MD
Merion Station, PA

Maureen Ahler, BS, MT(ASCP)
Carson, CA

Anwar Ahmad, MD
Syracuse, NY

Parveen Ahmed, MD
St. Louis, MO

Carol Albiets, MT(ASCP)SBB
Miami, FL

Victor Albites, MD
Baltimore, MD

Seana Aldabagh, MD
Prospect Heights, IL

Stephen Aleshire, MD
Fort Myers, FL

Clarence Alfrey, MD
Houston, TX

Peter Aliferis, MD
Alpena, MI

Raymond Aller, MD
Santa Barbara, CA

James Almas, MD
Claremont, CA

Jose Alsina
Hato Rey, PR

Arthur Altman, MD
Phillipsburg, NJ

Alex Alvarez, MT(ASCP)
King of Prussia, PA

Ebrahim Amir-Mokri, MD
Chicago, IL

Joginder Anand, PhD
Walnut Creek, CA

Bronwen Anderson, MT(ASCP)
Gillette, WY

Constance Anderson, MT(ASCP)SBB
Oklahoma City, OK

Kenneth Anderson, MD
Boston, MA

Mariane Anderson
Germantown, MD

Dale Andrews, MT
Ponte Verde Beach, FL

Ubadire Anosike, MT(ASCP)
Missouri City, TX

Kenneth Armstrong, MD
Grosse Pointe, MI

Thomas Asher, PhD
Sherman Oaks, CA

John Ashworth
Berkeley, CA

Frederick Axelrod
San Francisco, CA

Janet Ayello
Hartsdale, NY

Loren Ayres, MD
Arcadia, CA

Lucia Berte Bachert MT(ASCP)SBB
Elmhurst, IL

Charlotte Bailey, RN
Kenwood, CA

Sandra Bare
Reading, PA

Billie Barewald, RN
Mountain View, CA

James Barnawell, MD
Crossville, TN

Asa Barnes, Jr., MD
Long Beach, CA

Charles Barnett, MD
Phillipsburg, NJ

Susan Barquist, MS
Berkeley, CA

Falvy Barr, Jr., MD
Clinton, NC

James Barrow, MD
Miami, FL

Mark Bartkowiak
Toledo, OH

Grant Bartlett, PhD
San Diego, CA

Marlene Bartram, MT(AMT)
Graham, WA

Robert Bates, BS, MT(ASCP)
Deerfield, IL

William Bauer, Jr.
Reading, PA

Julie Beck MT(ASCP)SBB
San Antonio, TX

Lekhram Behari
Corona, NY

John Bejes, MT(ASCP)
North Judson, IN

Linda Belcher, MT(ASCP)SBB
Oklahoma City, OK

William Belding, MD
Iron Mountain, MI

J.A. Bell, MT(ASCP)SBB
Milwaukee, WI

Eugene Bentley, Jr., MD
West Chester, PA

F.M. Benton, MT(ASCP)SBB
Houson, TX

Patricia Berlinski, MT(ASCP)
Stockholm, NJ

Ralph Bernier, MD, PhD
Ft. Sam Houston, TX

Patricia Berry
Morrow, GA

Terence Beven, MD
Baton Rouge, LA

Rodger Bick, MD
Bakersfield, CA

Fe Bittel, MT(ASCP)SBB
Des Plaines, IL

Evelyn Bizjak, RN
Burlingame, CA

Lynn Blake, MD
Knoxville, TN

Janice Blazina, MD
Worthington, OH

Stanley Bobowski, MD
Champaign, IL

Paul Bogikes
Rolling Hills, CA

Michael Bongiovanni, MD
Hershey, PA

Virginia Boone, MT(ASCP)
Birdsboro, PA

William Borer, MD
Philadelphia, PA

Herbert Bowman, MD
Harrisburg, PA

James Boyle
Radnor, PA

Joan Bradley
Raritan, NJ

Hayden Braine, MD
Baltimore, MD

Timothy Branigin, MD
Flint, MI

Ralph Braund, Jr., MD
Sheffield, AL

Edward Breakell, MD
Stamford, CT

Michael Breard, MS, MT(ASCP)
Woodinville, WA

Robert Breckenridge, MD
Kansas City, MO

Diana Breslich, MD
Scottsbluff, NE

Linda Brewer, MT(ASCP)BB
Greenville, NC

Linda Brewster
Manchester, CT

Geraldine Briggs, MT(ASCP)SBB
Fort Lee, NJ

William E. Bristow, MT(ASCP)
Bradentown, FL

William Broach
Conroe, TX

Margaret Brooks
Baltimore, MD

Stephen Brown, MT(ASCP)SBB
Shreveport, LA

Deborah Brown, MT(ASCP)SBB
Tucker, GA

Daniel Brubaker, DO
Torrance, CA

Rebecca Bruggner, RN
Bradenton, FL

James Brumfield, MD
Healdsburg, CA

Leslie Ray Bryant Jr., MD
New Orleans, LA

Edward Bryant, MT(AMT)
Broken Arrow, OK

Lynda Bucciarelli, MT(ASCP)SBB
Gainesville, FL

Richard Buchanan, MD
Elyria, OH

Isabelle Buehl, MD
Indianapolis, IN

Elaine Bukowski, MD
Prospect, KY

Catherine Bunnell, MT(ASCP)
Burke, VA

A. Burford, MD
Florence, AL

Sharon Burke, MD
Evanston, IL

Mark Burns, MD
Albany, GA

Michael Busch, MD, PhD
San Francisco, CA

William Butscher, Jr., MD
Ocala, FL

Richard Cable, MD
Farmington, CT

Tomas Cajigas, MD
Bay City, MI

A.R. Calhoun, MT(ASCP)SBB
Pacific Palisade, CA

Beverly Calhoun, MT(ASCP)
Chicago, IL

Thomas Callihan, MD
Germantown, TN

Cathy Campbell, MT
Union City, CA

Joseph Carberry, MD
Los Angeles, CA

Robert Carnighan, MD, PhD
Goshen, KY

Pramod Carpenter, MD
Rochester, NY

Thomas Carson, MD
Roanoke, VA

Charles Carson, MD
Ridley Park, PA

Johnny Carter, MT(ASCP)
Detroit, MI

Jack Cassorla
Worchester, MA

Edward Cestaric, MD
Fort Lauderdale, FL

James Changus, MD, PhD
Lake Worth, FL

Judith Charnley, MT(ASCP)
Beech Grove, IN

Chao Cheng
Westlake Village, CA

Paul Cherney, MD
Abington, PA

Frances Chizeck
Bethlehem, PA

Michael Chopek, MD
Menlo Park, CA

Judy Chrisman, MT(ASCP)
Chattanooga, TN

Marion Chung, MT(ASCP)SBB
Detroit, MI

Winthrop Churchill, MD
Boston, MA

Joseph Clarke, AAS
Rockway Point, NY

Pamela Clark, MD
Richmond, VA

Sharon Clark, MT(ASCP)
Martinsburg, WV

SallyAnn Clausen, MD
Greenville, MS

Elizabeth Clay, BS, MT(ASCP)
Chicago, IL

J. Clear, MT(ASCP)SBB
Stanton, CA

Douglas Clibourn
Braintree, MA

Karen Clifford
Jacksonville, FL

H.P. Clifton, Jr., MD
Longview, TX

Jean Coach
Oakland, CA

Kevin Cockerill, MD
Ponte Vedra, FL

Mary Coggin
Axtell, TX

Mark Cohan, MD
Boca Raton, FL

Donald Cohen, MD
Sharon, PA

Elias Cohen, PhD
Buffalo, NY

Emanuel Cohen, MD
Bronx, NY

Umberto Coletta, MD
Edison, NJ

Esther Collins
Pacifica, CA

Myra Collins, MD, PhD
Chapel Hill, NC

Phillip Collins, MD
Austin, TX

Charles Combs, MT(ASCP)
Albany, MO

Robert Combs
Tacoma, WA

Charles Conant, MD
Houston, TX

Katherine Conkling, MD(AMT)
Shoreham, NY

Charles Conlon, MD
Houston, TX

Daniel Connor
Livonia, MI

J. Daniel Connor
Glenview, IL

Thomas Considine, MD
Chicago, IL

Donald Cook, MD
Phoenixville, PA

E. Shannon Cooper, MD, JD
New Orleans, LA

James Cooper
Hershey, PA

Sheldon Cooperman, MD
Boston, MA

Thomas Cooper, MD
St. Louis, MO

Judity Correll, RN
Reading, PA

W. Corum, MT(ASCP)SBB
Omaha, NE

Irby Cossette, MD
Spokane, WA

James Cowan III, SBB(ASCP)
Penndel, PA

Edmundo Cox, MT(ASCP)SBB
Joppatowne, MD

David Craig, MD
Tallahassee, FL

Tammy Croak
Jacksonville, FL

Robert Cross, MD
Haverhill, MD

Victoria Cruz, MD
Fort Myers, FL

Gabino Cuevas, MD
Boynton Beach, FL

Edwin Cunningham, MD
Fargo, ND

Betty Curry, BS
San Diego, CA

Charles Curtin, MD
Scranton, PA

Winifred Dahlquist
Bradenton, FL

Nadira Dahodwala, MD
Bayonne, NJ

Millie Dalbey
Palo Alto, CA

Maria Dan, MD
Detroit, ME

Alan Dascomb, MD
Metairie, LA

Ramen Das, MD
Piqua, OH

Joyce Davis
Bethesda, MD

Larry Davis, MD
St. Petersburg, FL

Paul Davis, MD
Riverwoods, IL

Felicia Dawson, MT(ASCP)BB
Houston, TX

David De Jongh, MD
Miami, FL

Robert DeLashmutt, MD
Atlanta, GA

Elizabeth Dellarocca, MLT(ASCP)
Fort Lauderdale, FL

Irene DeMezzo, BS, MT
Washington, DC

James DeVillier, MD
Georgetown, TX

Patricia Devine, MD
Melrose, MA

Gwendolyn DiPietro
Naples, FL

Joseph Dockery, MT(ASCP)
Tucson, AZ

Donald Doddridge
St. Petersburg, FL

Frederick Doe, MD
Roswell, MN

William Dolan, MD
Arlington, VA

Melina Dolor, MD
Columbus, OH

D. Dominguez, MT(ASCP)SBB
Pittsburgh, PA

Lillian Donovan
Everett, MA

Donald Dore, Jr., MD
Pascagoula, MS

Nancy Dotlich
Indianapolis, IN

E. Arthur Dreskin, MD
Greenville, SC

William Droke, MD
Santa Fe, NM

John Drury
Houston, TX

Betty Duckett
Universal City, TX

Joseph Dudley, MD
Winston-Salem, NC

Judit Duerr, MT(ASCP)
Long Valley, NJ

Keith Duncan, MD, PhD
Burlingame, CA

Dale Dunn, MD
Lubbock, TN

Mary Dunn
Morton, IL

Nongnooch Dunn, MD
Melbourne, FL

Elizabeth DuPuis, MD
Douglasville, GA

Michelle Dupuis, MT(ASCP)SBB
Providence, RI

Janice Dutcher, MD
Bronx, NY

Michael Dwyer, MBA
Berkeley, CA

Ron Dziedziula
Arvada, CO

Sandra Edelbrock, MT(ASCP)SBB
Worcester, MA

Kenneth Edwards
Newark, DE

Jordan Eggers, MD
Germantown, TN

Richard Eisenstaedt, MD
Philadelphia, PA

Marion Eivich
Egg Harbor City, NJ

Charles Ellis, MD
Boston, MA

Norig Ellison, MD
Ardmore, PA

Garth Englund, MD
Fort Collins, CO

Gene Erickson
Greenville, SC

Danilo Escaro, MD
York, PA

Catherine Estep, RN
Charleston, SC

Cynthia Evans, CLS, BB(ASCP)
Mechanicsburg, PA

Gene Ewing, MD
Dallas, TX

J.I. Eyer, MT(ASCP)
Chicago, IL

Hermogena Fajardo
Bronx, NY

E. John Fales, MD
Newport Beach, CA

Francis Fattori
Secane, PA

Gregory Faust
Broadview, IL

Kenneth Fawcett, MD
Grand Blanc, MI

Esther Ferguson
Philadelphia, PA

Janice Fessel, MT(ASCP)SBB
Floyds Knobs, IN

Marc Filstein, MD
Reading, PA

Beverly Fiorella, MT(ASCP)SBB
Oak Park, IL

Joseph Fiorillo, MT(ASCP)SBB
Bronx, NY

Lyman Fisher, MD
Richmond, VA

Mary Fisher
Fayetteville, NC

Myron Fisher, MD
Bakersfield, CA

Marshall Flam, MD
Fresno, CA

June Fletcher, MT(ASCP)SBB
San Jose, CA

Tony Flippin, MD
Little Rock, AR

John Forbes, MBA
Arlington Heights, VA

Pablo D. J. Fortes, (ASCP)SBB
Houston, TX

Abe Fox, MD
Bismarck, ND

Elaine Frankfurt, MT(ASCP)
Syosset, NY

Christopher Fung, MD
Chicago, IL

James Funkhouser, MD
Dayton, OH

William Galloway, MD
Denver, CO

Margi Gandolfi
New York, NY

R. Gangadhar, MD
Fort Wayne, IN

Dewayne Gappa
St. Paul, MN

M. Gardner, MT(ASCP)
Girard, OH

Jack Garfinkle, MD
Sherman Oaks, CA

Ronnie Garner, MD
Albuquerque, NM

Mary Garrett
Memphis, TN

Joseph Geier, Jr.
Tampa, FL

Patricia Genovese, MT(ASCP)BB
Ford, NJ

Antonio German, MD
Erie, PA

Joan Gibble, MD
York, PA

Frances Gibbs, MT(ASCP)SBB
Salt Lake City, UT

Melanie Gidden MHS, MT(ASCP)
Baton Rouge, LA

Louis Gierke, DO
Hinsdale, IL

Ronald Gilcher, MD
Oklahoma City, OK

Bal Gilja, MD
Elmhurst, NY

Laura Gindy, MT(ASCP)SBB
Encino, CA

Gerald Giordano, MD
Tucson, AZ

Sandra Glascock, MT(ASCP)BB
Saint Petersburg, FL

Armand Glassman, MD
Nashville, TN

William Glenny, MD
Saint Paul, MN

R. James Glikes COL, USA
Gainesville, FL

Jacinto Gochoco, MD
York, PA

Dennis Goldfinger, MD
Encino, CA

Manuel Gomez, MD
Ronceverte, WV

Rosa Gonzales, MT(ASCP)
Teaneck, NJ

Lawrence Goodnough, MD
Cleveland, OH

Franz Gosset, MD
Monroe, WI

C.M. Gottfrey, RN
Yucca Valley, CA

Mary Gourley, MT(ASCP)
Pittsburgh, PA

Shanthi Govindaraj, MD
New York, NY

John Greenleaf
Malvern, PA

Trudell Green, MT(ASCP)SBB
Austin, TX

K.R. Gregory, MT(ASCP)SBB
Seminole, FL

Mary Gresik, MD
Houston, TX

John Griep, MD
East Chicago, IN

Bobby Grigsby, CPA
Houston, TX

Bill Grimes
Tyler, TX

Alfred Grindon, MD
Atlanta, GA

Sylvia Grinvalds, MT(ASCP)
Springfield, OH

Asur Grisales, MD
Danville, VA

Irwin Gross, MD
Orono, ME

Maidie Gruttemeyer BS, MT(ASCP)
West Carrollton, OH

Joseph Guillory, Jr., MD
Baton Rouge, LA

David Gury
Miami, FL

R. Gutendorf, MS, MT(ASCP)
Dayton, OH

Emanuel Hackel, PhD
East Lansing, MI

Phyllis Hadley, MT(ASCP)
Burlington, NC

W.E. Haesler, Jr., MT(ASCP)
Bryn Mawr, PA

Michael Hafley
Clearwater, FL

Barbara Hallenburg
Lorain, OH

Frank Hamilton, MD
Akron, OH

Martha Hamilton, MD
Portland, OR

Velda Hamilton, BA
Berkeley, CA

Carolyn Hampel, MT(ASCP)
Hazelwood, MO

Thomas Hanes, MD
Madison, TN

Carol Hanna, MD
Los Angeles, CA

Michael Hannegan, MD
Chester Springs, PA

Joseph Hansagi, MD
Warwick, RI

Margaret Hanson, MT(ASCP)SBB
Mound, MN

William Harada, MD
Easton, PA

Clarke Harding, Jr., COL
Collinsville, IL

William Hardy, LLD
San Jose, CA

Earl Harris
Abington, PA

Chantal Harrison, MD
San Antonio, TX

Ruth Harris, MT(ASCP)
Detroit, MI

Donald Hart
Oakland, CA

Gregory Hart, BS, MT(ASCP)
Sarasota, FL

Thomas Harwood, MD
Chicago, IL

Laura Haugen, MT(ASCP)SBB
San Jose, CA

Raymond Hawley, MD
Wichita, KS

Irene Heard, MT(ASCP)
APO New York, NY

David Hebert, BS, MT(ASCP)
Alexandria, LA

Karl Heidlberg
Lorain, OH

Dorothy Heindsman, MT(ASCP)SBB
Arlington, VA

M. Helgeson, MS, MT(ASCP)
Minneapolis, MN

William Heller, MT(ASCP)SBB
Fort Worth, TX

Kathryn Hemken, MT(ASCP)
Buffalo Grove, IL

Bernice Hemphill
San Francisco, CA

Carol Henderson, MT, BB(ASCP)
Wichita Falls, TX

Georgia Henderson, MS, MT(ASCP)
New York, NY

Brenda Hendrickson
Indianapolis, IN

Bonnie Hendrix, MT(ASCP)
Clearwater, FL

John Henry, MD
Syracuse, NY

William A. Henthorne, MD
Stow, OH

Eugene Heresa, MT(ASCP)SBB
Fort Wainwright, AK

John Herrington, MD
Richmond, VA

Elizabeth Hertenstein, MT(ASCP)
Cincinnati, OH

Harry Hetz, MD
Chicago, IL

William Hiebert
Birmingham, AL

Gerard Hilbert, MD
Pensacola, FL

James Hill, MD
Worthington, OH

Richard Hill, III, SH(ASCP)
Tulsa, OK

William Hill, MD
San Antonio, TX

John Hilsenbeck, MD
Memphis, TN

Roman Hiszczynskyi, MD
Topeka, KS

Sarah Hixon
Greenville, SC

Norma Hock-McKean
Milford, NJ

N.D. Hocker, MT(ASCP)SBB
Lizton, IN

Gerald Hoeltge, MD
Cleveland, OH

Jack Hoffer, MT(ASCP)SBB
New York, NY

Fred Holtz, MD
Ann Arbor, MI

Glenn Hooper, MD
Tampa, FL

Pamela Horton
Tyler, TX

Joyce Hostetler
West Liberty, OH

Russell Houk, MD
Alexandria, VA

Kathleen Houston, MT(ASCP)SBB
Littleton, CO

Phillip Howard, MD
Burlington, VA

James Howbert, MD
Bend, OR

Robert Howell, MD
Louisville, KY

Stephen Howe, MD
Denver, CO

Donald Howie, MD
Dunedin, FL

Charlene Hubbell, MT(ASCP)SBB
Syracuse, NY

Sharada Hulbanni, MD
Detroit, MI

Samuel Hunter, MD
Richmond, VA

Singong Ie, MD
Ft. Belvoir, VA

Samuel Insalaco, MD
Tacoma, WA

Janet Ishimotto, MT(ASCP)SBB
Silver Spring, MD

Thomas Jackson, MD
Ross, CA

Valerie Jackson, MS
Galveston, TX

Louis Jakovic, MD
Albany, NY

James A. Jamison, II
Ft. Lauderdale, FL

Joann Janas, MD
Rochester, NY

Alan Janes, MD
Springfield, MA

Hanne Jensen, MD
Sacramento, CA

Elaine Jeter, MD
Charleston, SC

Catherine Johnson, MT(ASCP)
Autora, CO

Charles Johnson, Jr., MD
Venice, FL

Mary Johnson, MT(ASCP)SBB
Houston, TX

Elizabeth Jones
Anthony, FL

Francis Jones, MD
Knoxville, TN

Henry Jordan, MD
Wilmington, NC

Aaron Josephson, MD
Springfield, MO

W. John Judd, FIMLS, MIBiol
Ann Arbor, MI

Colleen Justice, MT(ASCP)
Phoenix, AZ

Ram Kakaiya, MD
St. Louis, MO

Joseph Kane
Canoga Park, CA

Edward P. Kang, PhD
Garden City, NY

Chatchada Karanes, MD
Detroit, MI

William Kashatus, MD
Norristown, PA

Lois Kaszubinski
Elyria, OH

Suresh Katakkar, MD
Tucson, AZ

Louis Katz, MD
Davenport, IA

Kathey Keeter, MT(ASCP)SBB
Oklahoma City, OK

Alice Kelley
Lorain, OH

John Kemp, CAE
Austin, TX

Melanie Kennedy, MD
Columbus, OH

Sherman Kennedy
Kansas City, KS

Robert Kenney, MD
Providence, RI

Margaret Kenney
Cranston, RI

Nancy Kershner
Odessa, TX

Dale Kessler, MD
Grand Rapids, MI

Lynn Kessler, MT(ASCP)BB
Bedminster, NJ

Sherwin Kevy, MD
Boston, MA

Joseph Kim, MD
Sheffield, AL

Dalton Kinsella, Jr., MD
Indiatlantic, FL

Billy Kirksey
Albany, GA

Mary Kleinelp
New Brunswick, NJ

Larry Klein, MD
Youngstown, OH

Lars Kleppe, MD
Petoskey, MI

Arthur Kliemisch
Manalapan, NJ

Richard Klingenhagen
Canton, OH

Rita Klym, BS, MT(ASCP)
Springfield, OR

William Knapp, MD
Modesto, CA

Jean Marie Knight,
MT(ASCP)SBB
Waco, TX

Arne Knutsen, MD
National City, CA

Wayne Kohli
Los Angeles, CA

Richard Kolecki, MD
Voorhees, NJ

Jerry Kolins, MD
La Jolla, CA

Mark Kolins, MD
Grosse Pointe, MI

Stanley Kozikowski
Adelphi, MD

Helmut Kraemer, MD
Hollywood, FL

Norman Kramer, MD
Burtonsville, MD

Ramon Kranwinkel, MD
Danbury, CT

J. Krotzman, MT(ASCP)SBB
Madison, WI

Margot Kruskall, MD
Boston, MA

Theresa Kube, MD
Fredericksburg, VA

Karen S. LaForce,
MT(ASCP)SBB
Topeka, KS

Lisa Lamanna, MT(ASCP)
Andalusia, PA

Concetta LaMonica, RN
Baltimore, MD

Adam Lang, MD
Bakersfield, CA

Carol Lanthrum,
MT(ASCP)SBB
Tyler, TX

Marisa Lanuza, MD
Cleveland, OH

Mary Larkin
Belmont, MA

Theis Larsen, MT
Medford, NY

Virginia Larson
North Ridgeville, OH

Larry Lasky, MD
Minneapolis, MN

J. Thomas Latham, Jr., MD
Greenville, SC

William Laughlin, MD
Dallas, TX

Faye Law
Albany, GA

David Lawrence, MD
San Luis Obispo, CA

Joseph Lawrence, MD
El Paso, TX

Suzane Ledin, MT(ASCP)SBB
Rohnert Park, CA

Helen Lee, PhD
North Chicago, IL

Kil Un Lee, MD
Culver City, CA

Patrick Lee, MT(AMT)SBB
Parma, OH

Rogelio Lee
Miami, FL

F. Ann K. Kendosky, RN
Tacoma, WA

James Leonard, MD
Clearwater, FL

Muriel Lerch
Yonkers, NY

F. Leverett, MD
Miami, FL

Gary Levy, MD
Shreveport, LA

Joshua Levy, MD
Sherman Oaks, CA

Lucien Liddy
Milford, MA

Thomas Liddy, MD
Livingston, NJ

John Lim, MD
Akron, OH

John R. Lindberg
Park City, IL

Valerie Lindsay
Yakima, WA

Mac Lindsey
Torrance, CA

Beth Lingenfelter, MT
Oak Park, IL

James Lininger, MD
Kalamazoo, MI

Mark Lister, MT(NCA)CLS
Fort Lauderdale, FL

R. Little, MD
Vineland, NJ

Luisa Go Lotuaco, MD
Kansas City, MO

Dona Lubin, MT(ASCP)
Miami Beach, FL

Jack Lubin, MD
Miami Beach, FL

Martha Luther
Vero Beach, FL

Ronald Mabile
Woodside, NY

S. Thelma MacDonald,
SBB(ASCP)
Basking Ridge, NJ

Jane Mackey
Topeka, KS

Bruce MacPherson, MD
Burlington, VT

Colin MacPherson, MD
Cincinnati, OH

Vijayalaxm Malavade, MD
Manhasset, NY

Wilford Maldonado, MD
Lansing, MI

Delores A. Mallory,
MT(ASCP)SBB
Rockville, MD

Dale Malloy, DPA,
MT(ASCP)SBB
Tallahassee, FL

Wilbur Milloy, MT
APO, NY

Chanchal Malmotra, MD
Bronx, NY

Catherine Manahan
San Pedro, CA

Gerald Mandell, MD
Detroit, MI

Gail Mandigo, MT(ASCP)SBB
Fullerton, CA

Ermelicind Maniacop,
MT(ASCP)
Riverside, CA

Frank Mann, MD
Scottsdale, AZ

Joseph Mann, MD
Grand Rapids, MI

Richard Mansfield, MD
Manitoc, WI

Alain Marengo-Rowe, MD
Dallas, TX

Carol Marshall, MD
Fairfield, CA

Harold Martens
Clearwater, FL

Clifford Martin, MA, MT(ASCP)
Farmington, CT

Natalia Martin
Pearl, MS

Klaus Mayer, MD
New York, NY

Nanette Mayer, MT(ASCP)
Bowie, MD

Robert Mayfield, MT(ASCP)
St. Louis, MO

Clyde McAuley, MD
Los Angeles, CA

Terrance McBurney, MD
San Antonio, TX

Joanne McCaffrey,
MT(ASCP)BB
Bellmawr, NJ

Charles McCammon, MD
Palm Springs, CA

Peggy McCarroll
San Diego, CA

Steve McClain, MD
Anacortes, WA

Joan McCreary
Hampton, NJ

Gloria McCrory, MT(ASCP)
Lilburn, GA

John McDonald, MD
Arlington, TX

Brian McDonough
St. Louis, MO

Patrick McEvory
St. Louis, MO

David McGoldrick, MD
Wellesley, MA

Eoline McGowan, MD
Birmingham, AL

John McGrath, MD
Inglewood, CA

Donald McKee, MD
Appleton, WI

Gwenda McKee,
MT(ASCP)SBB
Allen, TX

Patrick McKenna, MD
Woodbury, NJ

Maureen McKeon, MT
Massapequa Park, NY

James McLaughlin, MD
Wyandotte, MI

Susan McMahon
Orlando, FL

Eudora McMillan, RN
Pacifica, CA

Mary McNulty
Tampa, FL

Rene McRogers, MT(ASCP)SBB
West Haven, CT

J.R. Meier, MD
New Orleans, LA

Raul Mena, MD
Glendale, CA

Adalberto Mendoza, MD
Ponce, PR

David Mendoza, MT(ASCP)SBB
Cerritos, CA

Barbara Merola, MT(AMT)
Brooklyn, NY

Kathy Merritt, MT(ASCP)SBB
The Woodlands, TX

Peggy Merritt
Pensacola, FL

Timothy Mervak, MD
Southfield, MI

Doris Messing
Elyria, OH

Roland Metellus, BB(ASCP)
New York, NY

Karen Miller, MD
Evanston, IL

Carol Miller
Nashville, TN

Jacqueline Miller, MD
Eugene, OR

Stephen Miller, MBA,
MT(ASCP)
Salt Lake City, UT

Jane Mills, MT(ASCP)SBB
Highland, MD

Lulu Mims, MT(ASCP)SBB
St. Louis, MO

Kala Mohandas, MD
Norwood, NJ

Robert Moon
Ft. Lauderdale, FL

Larry Moore
Evansville, IN

Carol Moore
Berkeley, CA

Hugh Moore, MD
Tupelo, MS

Sheila Moore, MD
Zachary, LA

Phyllis Morel, MT(ASCP)SBB
San Francisco, CA

David Morgan, MC
Englewood, CO

R. Irvin Morgan, MD
Greenville, TX

Francis Morrison, MD
Jackson, MS

Susan Morris
Philadelphia, PA

Debra Mortensen
Cypress, CA

Amelia Moya
Morris Plains, NJ

Willys Mueller, MD
Flint, MI

Nancy Muenchow, MT(ASCP)
Brookline, MA

E. Muirhead, MD
Memphis, TN

Sanford Mullen, MD
Jacksonville, FL

Victor Muller, MD
Carmel, IN

Mary Myers, MT(ASCP)SBB
Martinez, CA

Byron Myhre, MD, PHD
Torance, CA

J. Lawrence Naiman, MD
San Jose, CA

Louis Nannini, MD
Lubbock, TX

Calvin Nash
Laguna Niguel, CA

Irwin Nash, MD
New Haven, CT

Richard Navota
Davenport, IA

Norman Nelson, MD
Plymouth, MI

Deborah Nester, MT(ASCP)
Southboro, MA

Ward Newcomb, MD
Hays, KS

Patricia Newhouse, MD
Sault Ste. Marie, MI

Pierce Newman, Jr., MD
Port Arthur, TX

James Newsome, MD
Birmingham, AL

Louisa Ni
Washington, DC

Charles Nichols, MD
La Crosse, WI

Mary Nielsen, MD
Wichita, KS

Robert Niemeyer, MD
Austin, TX

Roy Nomura, MD
St. Louis, MO

Rudy Noriega
Miami, FL

L. Douglas Northcott
Grandview, TX

Robert Novak, MD
Akron, OH

Jaime Novesteras
Carson City, CA

Jeffrey Null, MD
Kingston, PA

Hugh O'Connell
Stamford, CT

Laurel O'Connors
Venice, FL

Michael O'Leary, MD
Syracuse, NY

Harold A. Oberman, MD
Ann Arbor, MI

Fred Odere, MD
Durham, NC

Steven Ojala, PhD
Overland Park, KS

Myrtle Oldham
Brandenburg, KY

Sloanges Olivier
Arlington Heights, IL

H. Jay Olmstead
Santa Barbara, CA

Richard Olshock, MD
Wheatridge, CO

Gerry Oster, MT(ASCP)
Flemington, NJ

Ann Osugi, MT(ASCP)
Turlock, CA

Jill Otto, MT
Martinez, CA

Gary Ouellette
Millis, MA

Michael R. Owens, MD
Norfolk, VA

Albert Oyama, MD
Lake Oswego, OR

Florence Paau
Middleton, WI

George Padilla, MT(ASCP)
Mililani Town, HI

Peter Page, MD
Dedham, MA

Lola Palmer, RN
Dayton, OH

Gharoon Panahi, MD
Westminster, CA

Paul Panas, MD
Lehighton, PA

Benjamin Park, MD
Holyoke, MA

Janice Parrish, MT(ASCP)
Lawrenceville, GA

Kay Parrott
Tamarac, FL

Dewey Pate, MD
Raleigh, NC

Heidi Patterson,
MT(ASCP)SBB
Portland, OR

Margaret Pearson, MT(ASCP)
Toledo, OH

Frans Peetoom, MD, PhD
Portland, OR

Rinaldo Pellizzari, MD
Erie, PA

Samuel Peninger, Jr.
Pensacola Beach, FL

Samuel Pepkowitz, MD
Los Angeles, CA

Juan Perez, BS, MT(ASCP)
Guaynabo, PR

Kay Peterson, MT(ASCP)
Pleasant Grove, UT

Powers Peterson, MD
New York, NY

Eugenia Petteway,
MT(ASCP)SBB
Raleigh, NC

Frank Pezzlo, MD
Laguna Beach, CA

Bartholomew A. Philpotts
East Patchoque, NY

Jerry Pickrel, MD
Elizabeth City, NC

Margaret Pieper, RN
Omaha, NE

James Piggott, MD
Lynchburg, VA

Frank Pikul, MD
Oklahoma City, OK

Johanna Pindyck, MD
New York, NY

Bernard Pino
New Orleans, LA

Denise Pittiglio, PhD,
MT(ASCP)
Kennett Square, PA

Richard Pittman, MT(AMT)
Bogalusa, LA

Marilyn Plett, MT(ASCP)SBB
Seabrook, TX

Herbert Polesky MD
Minneapolis, MN

Sandra Poling, MT(ASCP)SBB
Woburn, MA

M.A. Pothiawala, MS,
MT(ASCP)
Chicago, IL

Ann Pratt
St. Louis, MO

Michal Pratt, MT(ASCP)SBB
Winter Park, FL

Patricia Perwitt, MT(ASCP)SBB
Ingleside, IL

William Probes
Tulsa, OK

Mary Jane Przybyla, MT(ASCP)
Salinas, CA

Linda Pura, RN, CCRN
Los Angeles, CA

Robert Purvis, MD
Modesto, CA

Alam Qadri, MD, FRCP(C)
Youngstown, OH

Felipe Querimit, MD
Denville, NJ

Nelson Quigley, MD
Anaheim, CA

David Rabinowitz, MD
Kings Point, NY

Antonio Rabor, Jr., MD
Victorville, CA

Arteso Raborar, MD
Springfield, MO

Joseph M. Radford, MD
Omaha, NE

Barbara Radnofsky, JD
Houston, TX

Shakuntala Rajagopal, MD
Melrose, IL

Mildred A. Ramos, MD
Huntington Beach, CA

Diane Rapp
Perkasie, PA

Ramon M. Raz
Westminister, CA

Gretchen Reidy, MT(ASCP)
Millbrae, CA

Emmett Reilly, MD
Inglewood, CA

Nancy Reilly, MT
Charleston, SC

Dennis Reinke, MD
Bismarck, ND

Patsy Reinke, RN
Bismarck, ND

Mary Ellen Reitz, MD
Waterford, PA

Helen Richards, MD
Demarest, NJ

Joseph Ridley
Houston, TX

LaNeisha Riggan, BS,
MT(ASCP)
Houston, TX

Carma Rippee,
MT(ASCP)SBB
Los Angeles, CA

Mario Ritter, MD
Johnstown, PA

Pedro Rivero, PhD
Philadelphia, PA

Jaffer Rizvi, BS
Silver Spring, MD

E.E. Roberts, MT(ASCP)SBB
Los Angeles, CA

T. Roberts, BS, MT(ASCP)
Englewood, OH

Howard Robin, MD
La Jolla, CA

Antonia Robinson
Troy, MI

Jose Rodriguez, MD
Ormond Beach, FL

Irene Roeckel, MD
Lexington, KY

Wanda Rogalski, BS, MT(ASCP)
Westchester, IL

Patricia Rogers, MT(ASCP)SBB
Dallas, TX

Jae Ro, MD
Northbrook, IL

S.D. Rolih, MS, MT(ASCP)
Norcross, GA

Thomas Roosth, MD
San Antonio, TX

Allan Ross, MT(ASCP)
Tacoma, WA

Denise Ross, MD
Virginia Beach, VA

Ennio Rossi, MD
Chicago, IL

Emily Rossiter, MT(ASCP)
Richmond, VA

William Ross, MD
Viginia Beach, VA

Randi Rosvoll, MD
Atlanta, GA

Kate Rothko, MD
Baltimore, MD

Rob Roth, MD
Tacoma, WA

Alan Rushovich, MD
Irvine, CA

Usha Ryder, MD
Elmhurst, NY

Vicentio Sagadraca
Bethesda, MD

Julio Salcedo, MD
Kingsport, TN

Antonio Salvador, MD
Creve Coeur, MO

Ern[illegible] Salzer
Reading, PA

Teresa Sammons,
MT(ASCP)SBB
Louisville, KY

Roland Samson, MD
Jackson, MS

Page Sanchez-Meyer, MHS,
MT(ASCP)
River Ridge, LA

Stephen Saucier
Providence, RI

Carolyn Savarese
Baltimore, MD

Kathleen Sazama, MD
Potomac, MD

Donald Schafer, MD
Portland, OR

Ronnie Schlesinger, MD
Oklahoma City, OK

Arnold Schmidt, MD
Mountaintop, PA

E. Schneider, MT(ASCP)
Wilmington, DE

George Schneider, Jr., MD
Spokane, WA

Robert Schneider
East Orange, NJ

Julian Schorr, MD
New York, NY

Leonard Schreiber
Los Angeles, CA

Henry Schriever, MD
Edison, NJ

Richard Schumacher
West Bridgewater, MA

Craig Schuman
Braintree, MA

David Scrivner, MD
St. Louis, MO

Richard Seder, MD
Southborough, MA

Robert Shacklett, MD
Thomaston, GA

Nelofar Shafi, MD
Newington, CT

Dale Shakotko
Cheyene, WY

Robert Shank, MT(ASCP)
Staten Island, NY

Dennis Sharkey, Jr., MD
St. Mary's, PA

Bradford Sherburne, MD
Brookline, MA

Marcia Sherlock
New York, NY

Freya Sherman,
MT(ASCP)SBB
New Bern, NC

Iris Sherman
Marlboro, MA

Laurence Sherman, MD
St. Louis, MO

Judith Sherwin, MT(ASCP)SBB
Pittsburgh, PA

Akihiko Shimauchi
Fairfield, NJ

R. Shirey, MT(ASCP)SBB
Baltimore, MD

Flora Shoaf, MD
Johnson City, TN

Charles Short, MD
St. Louis, MO

Ira Shulman, MD
Los Angeles, CA

William Shutze, MD
Leesburg, FL

Genevieve Sidwell
Wilmington, DE

George Sigalos, MD
Exeter, NH

Richard D. Sikon
Pittsburgh, PA

Leslie Silberstein, MD
Penn Valley, PA

Arthur Silvergleid, MD
San Bernardino, CA

Ernest Simon, MD
Scottsdale, AZ

Toby Simon, MD
Albuquerque, NM

Marcus Simpson, Jr., MD
Washington, DC

Arthur Sitelman, MD
Phoenix, AZ

Jeanne Skelly, MT(ASCP)
Silver Spring, MD

Philip Skerrett, MD
Philadelphia, PA

Charles Slonaker, MD
Gulfport, MS

Rita Davis Smith
Sioux City, IA

Daniel Smith, MD
Columbia, MO

David Smith, MD
New Orleans, LA

Dennis Smith, Jr., MD
Jacksonville, FL

Edwin Smith
Austin, TX

James Smith, MD, PhD
Oklahoma City, OK

Martin Smith, MD
La Crosse, WI

Myron Smith, MD
Greeley, CO

Nelvin Smith
De Soto, TX

Vivian Smith
Ashland, MA

Jack Smythe
Jackson, TN

Edward Snyder, MD
New Haven, CT

David Soike, MD
Jonesborough, TN

Henry Soloway, MD
Las Vegas, NV

Donald Souilliard, MD
Langhorne, PA

Cathy Spadaccini, MD
San Antonio, TX

James Spencer, MD
Sarasota, FL

Richard Spielberg, PhD
Berkeley, CA

Steven Spitalnik, MD
Marion Station, PA

Don Spyrison
The Woodlands, TX

Linda Stai, MT(ASCP)SBB
Eau Claire, WI

Harold Stamey
Memphis, TN

Sharon E. Starr, MT(ASCP)
Torrance, CA

Mary Steece, MT(ASCP)SBB
Tampa, FL

William Steier, MD
Brooklyn, NY

Estelle Stetz-Marcus, MD
South Weymouth, MA

Leland Stewart
Lexington, VA

Robert Stewart, MD
Springfield, OH

Harry Stiteler
Fernley, NV

Joseph Stocks, MD
Portland, ME

Darryl Stone, PhD
Roswell, GA

William Stout
Austin, TX

B.M. Strauch, MT(ASCP)SBB
Johannesburg, MI

Martin Straussfogel, MD
Kenneth, MO

Steven Strawn, MT(ASCP)SBB
Midwest City, OK

Donna Street, MT(ASCP)SBB
Colonial Heights, VA

John Strickland, MT(ASCP)SBB
Fayetteville, NC

P. Strohn, MT(ASCP)SBB
Columbus, OH

John Strunk, BS, MT(ASCP)
Lynbrook, NY

Victoria Studebaker, MT(ASCP)SBB
Brookville, OH

Olive Sturtevant, MT(ASCP)SBB
Seekonk, MA

Suja Subramanyan, MD
Solon, OH

William Sueoka, MD
Thousand Oaks, CA

Kathleen Sullivan, MSHA
Omaha, NE

F. William Sunderman, Jr., MD
Farmington, CT

Lynn Survant
Corpus Christi, TX

Ian Sutherland, MD
Brooksville, FL

Roger Svoboda, MT(ASCP)SBB
San Francisco, CA

Helen Swecker, BS, MT(ASCP)
Granite City, IL

Douglas Sweet
Palo Alto, CA

Lawrence Sylvia, MD
Long Branch, NJ

Ilona Szucs, MD
Milford, DE

Irma Szymanski, MD
Worcester, MA

Naomi Tamerin, MD
Peekskill, NY

Jerry Tamisiea, MD
Spencer, IA

Gloria Tan, MT(ASCP)
Edison, NJ

Dalisay Tangowan
Fresh Meadows, NY

Kenneth Taunton, MT
Joplin, MO

Harry Taylor, MD
South Orange, NJ

Martha Taylor, MLT(ASCP)
Florence, AL

Bill Teague, MT(ASCP)SBB
Houston, TX

Lynn Teague, MT(ASCP)SBB
Houston, TX

Massumeh Telischi, MD
Chicago, IL

Miguel Tellado-Fent, MD
San Juan, PR

Christine Terranova
Arlington, TX

Jeffrey Terrel, MD
Houston, TX

Ray Terry
Long Beach, CA

Neal Testerman, MD
Manchester, CT

S. Thacker, MT(ASCP)SBB
Dallas, TX

Alessandra Thelia, MD
Indianapolis, IN

Marilyn Thomas
Salisbury, MD

Richard Thomas, NBA
Glendale, CA

Fred Thompson
Pago Pago, AS

Cheryl Thorne, MD
Wilson, NC

Tricia Thurrell, MEdMT(ASCP)
Durham, NC

Benny Thurston, MT(ASCP)SBB
Detroit, MI

John Tickner
Ocala, FL

Judith Tickner, RN
Ocala, FL

Richard Tierney
New York, NY

Larry Toalson, MD
Lincoln, NE

Karen Todd, MT
Venice, FL

Joan Todor, MT
New York, NY

Elvira Tomescu, MD
Portsmouth, VA

Myrna Traver, MD
Madison, WI

Eleanor Travers, MD
Potomac, MD

Robert Travis, MT(ASCP)SBB
Newark, DE

W. Tregellas, MS, MT(ASCP)
Mesa, AZ

Gary Troup, MD
Albuquerque, NM

Joseph Trovato, Jr.
Ellicott City, MD

William Truex
Burlington, VT

Edward Tueller, MD
Burlingame, CA

Beth Turnbaugh
Riverton, NJ

Mamie Turner, MT(ASCP)SBB
Pensacola, FL

Debbie Tuten
Covington, GA

Hideo Uehara, MD
Syracuse, NY

Herbert Uemura, MD
Honolulu, HI

Joel Umlas, MD
Cambridge, MA

Harvey Upham, MD
Whittier, CA

Clifford Urban, MD
Wayne, PA

Michael Ureneck
Plymouth, MA

Edward Valentine, MD
Elma, NY

Virginia Valentine, BS, MT(ASCP)
Lake Charles, LA

Jay Valinsky
New York, NY

Stephen Vasso, MD
Haddonfield, NJ

Edward Veldorano
Yonkers, NY

Laura Veldorano, MBA
Yonkers, NY

Leonard Ventura, MT(ASCP)SBB
New Bedford, MA

Thomas Vickery
New York, NY

Henry Viles, MD
Mayfield, KY

Carmencita Villar, BS, MT(ASCP)
Flushing, NY

Robert Vohlidka, BB(ASCP)
Medford, NY

William Voss, BS
Lakeland, FL

Malcom Vye, MD
Evanston, IL

Jeanne Wadick, MT(ASCP)
Indianapolis, IN

Stephen Wagner, PhD
Rockville, MD

Philip Waithe, RN
Roxbury, MA

Barbara Waldkirch, MT(ASCP)
Missouri City, TX

Connie Waletich, MT(ASCP)SBB
Lincoln, NE

Richard Walker, MD
Royal Oak, MI

Margaret Wallace, MHS, MT(ASCP)
Keithville, LA

Beverly Wallace, RN
Tucson, AZ

Susana B. Walters
New York, NY

Dorothy Wambold
Abington, PA

Rosalie Warfield, MT(ASCP)
Aberdeen, MD

Phyllis Warkentin, MD
Omaha, NE

James Waterfield
New Brunswick, NJ

Glydise Watrin, RN, MS
Riverside, CA

E. Watson-Willi, MD
Carmel, CA

Walter Watts, MT(ASCP)
Lexington, KY

Noel Webster, MT(ASCP)
San Francisco, CA

Jacqueline Weeditz
Maywood, IL

Fay Weirich, MT(ASCP)SBB
West Haven, CT

Russell Weisman, Jr., MD
Cleveland, OH

John Weiss, MD
Marquette, MI

Robert Wellman, MD
Urbana, IL

P. Wendland, MT(ASCP)SBB
South Bend, IN

Robert Wenk, MD
Baltimore, MD

Brian Wenzel, MD
Mobile, AL

Jochewed Werch, MD
Houston, TX

Alice Werner, MD
Norfolk, VA

S. Weston-Kirke, MT(ASCP)SBB
St. Paul, MN

Reardon West, MD
Menlo Park, CA

George Wheeler, Jr.
Venice, FL

Edna White, BS, RN
Centereach, NY

Frederick White, MD
Ann Arbor, MI

Robert Whitehurst, MD
Roanoke, VA

D. Whitmyer, MT(ASCP)SBB
Southfield, MI

Russel Wick Jr., MT(ASCP)
Gibbsboro, NJ

Frances Widmann, MD
Durham, NC

Gary Wilcox, MD
Oceanside, CA

Kathleen A. Wilcox, RN
Tucson, AZ

Jerome Wilkenfeld, MD
Houston, TX

David Wilkinson, MD, PhD
Washington, DC

Susan Wilkinson, MS, MT(ASCP)
Cincinnati, OH

Harvey Wilks, MD
Sturgis, MI

Drake Will, MD
Honolulu, HI

Daniel Williams, Jr., MD
Melbourne, FL

Juanita Williams
Fort Lauderdale, FL

Kenneth Williamson, MD
Rochester, MN

R. Williams, MT(ASCP)
San Antonio, TX

Pamela Wilson, MS
Loudonville, NY

D. Douglas Wilson, MD
Knoxville, TN

Lesther Winkler, MD
Tarzana, CA

Ralph Winkler, MD
Indianapolis, IN

Geoffrey Witrak, MD
Duluth, MN

Mary Witt
Kissimmee, FL

Angeline A. Wojciak, MT(ASCP)SBB
Ferndale, MI

Deen Wong, MD
Kealekekua, HI

Edythe Woods, MT(ASCP)
Plainfield, NJ

M. Worthington, MD
Houston, TX

Blanche Wrenn, MLT(ASCP)
Burlington, NC

N.E. Wright, MT(ASCP)SBB
Berkeley, CA

Carl Wrubel, MT(ASCP)SBB
Tewksbury, MA

David Wuest, MD
Valhalla, NY

Marion Wu, MT(ASCP)
Santa Monica, CA

Delores Xenos, MT(ASCP)
Grants Pass, OR

Gloria Yee, MT(ASCP)
San Mateo, CA

Joseph Yelo, MT(ASCP)SBB
Bethlehem, PA

Elmer Ylitalo, MD
Paducah, KY

Judith Young, EdDMT, (ASCP)
Honolulu, HI

Teresita Young, MT
Springfield, OH

Raouf Yuja, MD
Marina del Rey, CA

Raya Zerger, MT(ASCP)SBB
Cedar Hill, TX

Barbara Zimmerman, MT(ASCP)SBB
Greenville, SC

Individual Sustaining Members—Foreign

Katsuhiko Akashi
Osaka, Japan

Isa Al-Hilli
Samaheej, Bahrain

Abdul-Kare-Al-Momen, MD, FRCP (C)
Ryadh, Saudi Arabia

Fereydoun Ala, MD
Birmingham, England

Edward Alport, MD, FRCP (C)
Regina, Canada

Raul Alvarez
Badalona, Spain

Ichita Amaki, MD
Tokyo, Japan

Mitsuya Amano
Tokyo, Japan

Armand Andre, MD
Liege, Belgium

Hitoshi Anri
Tokyo, Japan

Dott Avanzi
Firenze, Italy

Aspy Ayrton
Hamilton, Canada

Gabriela Benza
Calgary, Canada

Olle Berseus, MD, PhD
Orebro, Sweden

Jean Bidet, MD
Angers, France

B. Bobji, MD
Tamil Nadu, India

Jose Bordin
Sao Paulo, Brazil

Ina Bosma-Stants, MD
Utrecht, The Netherlands

Alfred Brathwaite, MD
Freeport, Bahamas

Theodorus Brouwers, MD
Deventer, The Netherlands

Samuel Brushett
Truro, Canada

Victoria Byrne
Halifax, Canada

Rafia Calcutti, MB, BS, DIBT
Srinagar, India

Stephen Caplan, MD
Montreal, Canada

Robert Carman, MD
Tamil Nadu, India

Ruthann Carter, RT
Edmonton, Canada

Sandra Carter, MT(ASCP)
Toronto, Canada

Jean Cavalier, MD
Paris, France

Bertil Cedergren, MD
Umea, Sweden

Jean Chanas
Lyon, France

Edward Chan
Edmonton, Canada

Wang Ching-Shan
Kaohsiung, Republic of China

Mo Ping Chow, MD, MRCP
Taipei, Republic of China

Osvaldo Cisternas, MT
Panama City, Panama

Anne Clarke, RN
Cremorne, Australia

Graham Collins
Hobart, Australia

Nicole Coudurier, MD
Annehasse, France

Robert Cross, BS
South Melbourne, Australia

Graciela De Hernandez, MD
San Salvador, El Salvador

Jack DeBrauwere
Nivelles, Belgium

Francine Decary, MD, PhD
Montreal, Canada

Karel J.R. Dergent, PhD
Turnhout, Belgium

J.C. Dobie, MD
Lethbridge, Canada

Karl Drescher, MD
Dudingen Switzerland

Najib Duedari, MD
Creteil, France

Pierre Duellet, MD
Sillery, Canada

Enid Edwards, MD
Vancouver, Canada

Virginia Ekins, MT(ASCP)
Caledonia, Canada

Jean Emmanuel, MD
Harare, Zimbabwe

James Faed, MB
Dunedin, New Zealand

Rafael Figueroa Hernandez, MD
Pueblo, Mexico

John Freedman, MD
Toronto, Canada

Manuel Frey, MD
Zurich, Switzerland

Takashi Furubo
Tokyo, Japan

Kurt Gander, PhD
Bern, Switzerland

Eileen Gard
Winnipeg, Canada

Philippe Gausset, MD
Brussels, Belgium

Victor Ghobril, FRCP
Joliette, Canada

Karl Giger, MD
Aarau, Switzerland

Michel Girard, MD
Paris, France

Ljerka Glonar, MD, PhD
Ljubljana, Yugoslavia

Diane Godin, MT
Campbellton, Canada

Vivian Grad, ART
Edmonton, Canada

Marie Griffon, MD
Versailles, France

Juan Grifols, MD
Barcelona, Spain

Merryn Hagan
Sydney, Australia

Carl Harnarayan, FRCPath
San Fernando, Trinidad and Tobago

Helge Heisto, MD
Oslo, Norway

Patrick Herve, MD
Besancon, France

Sharon Hill, RT(CSLT)
Grand Prairie, Canada

Takemichi Hirano, MT
Tokyo, Japan

Shigeru Irose, MD
Nagoya, Japan

Douglas Hocking, FRCPA
Geelong, Australia

Takemitsu Hosoi, MD
Kyoto, Japan

Denys Houssay, MD
Annecy, France

Heather Hume, MD
Montreal, Canada

Yasuo Ikeda, MD
Tokyo, Japan

Chuichi Itoh, MD, PhD
Morioka, Japan

Daniel Jamael, MD
Leuven Belgium

Samuel Jardinico, MD
Ermita, Manil Philippines

Frans Jehee
Rotterdam, The Netherlands

Olafur Jensson, MD
Reykjavik, Iceland

Casper Jersild, MD
Aalborg, Denmark

Renate Kaeser, MD
Mannheim, Federal Republic of Germany

Goldie Kane
Edmonton, Canada

Dietrich Kasulke, MD
Baden-Baden, Federal Republic of Germany

Timothy Keyes
Dublin, Ireland

Hiroyuki Kiyokawa, MD
Fukuoka-Ken, Japan

Margaret Knowles, MD
London, England

Hiroaki Kobayashi
Tokyo, Japan

Jukka Koistinen, MD
Helsinki, Finland

Frits Kothe, MD
Rotterdam, The Netherlands

Chandrakan Koticha
Rajkot, India

Micheline Lambermont
Brussels, Belgium

Geoffrey Lane
Leeds, England

Catherine Lee
Clearbrook, Canada

Rainer Leimbach, PhD
Wuerzburg, Federal Republic of Germany

Albert M. Lema, MLT
Doha, Qatar

Susan Leong, MD
Kowloon, Hong Kong

Dong-Tsamn Lin, MD
Taipei, Republic of China

Chen-Hui Liu, MD
Taipei, Repubilc of China

Angel Lluch-Py, MD
Barcelona, Spain

Antoon Lust, MD
Winksele, Belgium

Bruce Lyle, FAI, MLS
Adelaide, Australia

Thomas Lynch
Rockhampton, Australia

Alice Maksoud
Loganlea, Australia

Bianca Manasc, MD
Montreal, Canada

Maximo Margulies, MD
Buenos Aires, Argentina

Antonio Marin-Lopez, MD
Pueblo, Mexico

Antonio Marques
Braga, Portugal

Marilia de Marques Pedro, MD
Lisbon, Portugal

Joan Marshall
London, Canada

Wolfgang Martin, MD
Hamburg, Federal Republic of Germany

Lennart Marx, MD
Calgary, Canada

Uda Masayuki, PhD
Okayama, Japan

Maurice Masse
Besancon, France

Valance Massiah, MD
Port-of-Spain, Trinidad and Tobago

Debra McEntyre
Wahroonga, Australia

Michail Meriano, MD
Athens, Greece

Ruthven Mitchell, FRCP
Lanarkshire, Scotland

Hans Molyn
Rotterdam, The Netherlands

Claude Morin
Toronto, Canada

Seizo Murakami, MD
Tokyo, Japan

Marita Murray, MT(ASCP)
Southport, Australia

Yukio Nakamura, MD
Hirosaki, Japan

Toshie Nakase, MD
Sapporo, Japan

Peter Neame, MD
Hamilton, Canada

Kagemitsu Ninomiya, MD
Tokyo, Japan

Frederick O'Brien, MD
Thunder Bay, Canada

Yoshiaki Ogawa, MD
Osaka, Japan

Yasuto Okubo, MD
Osaka, Japan

Bernhard Olberg, MD
Ottawa Canada

Henk Olthuis, PhD
Nijmegen, The Netherlands

Kenji Ooe, MD
Chiba, Japan

Harald Orjasaeter, MD
Oslo, Norway

Marijke Overbeeke, MD
Amsterdam, The Netherlands

Mario Palla
VC, Italy

Young Park, MD, PhD
Pusan, Republic of Korea

E. Pecson, MT(ASCP)
Montreal, Canada

Eduardo Perez Campos, MD
Oaxaca, Mexico

Louis Perron, MD
Montreal, Canada

Annette Poon, MD
Toronto, Canada

Garriga Pujolar
Barcelona, Spain

Matthias Ras
Zaandam, The Netherlands

Henk Reesink, MD
Amsterdam, The Netherlands

Barbara Rigby-Howard, RT
Vancouver, Canada

Elizabeth Robinson, MRCPath
West Yorkshire, England

Maria Rodrigues, MD
Lisbon, Portugal

Keith Rogers, MD
London, England

Margaret Rogers
Thornhill, Canada

Mordecai Rosenberg
Kfar Saba, Israel

Bryan Rush, MB
Victoria, Australia

A.G. Russchen-Dek, MD
Zwolle, The Netherlands

Seto Sachiko
Tokyo, Japan

Charles Salmon, MD
Paris, France

Joseph Schifano, MT(ASCP)SBB
Riyadh, Saudi Arabia

Sadayoshi Sekiguchi, MD
Sapporo, Japan

Marianne Senn, ART
Steffisburg, Switzerland

Otsuka Setsuko, MD, PhD
Gifu, Japan

Jurgen Setter, MD
Hagen, Federal Republic of Germany

Mashru Shimizu, MD
Tokyo Japan

Shoji Shinada, MD
Niigata, Japan

Wataru Shoji
Tokyo, Japan

Frederica Smith, MD
Armidale, Australia

Ivan Sobryan
Toronto, Canada

Daniel Sondag-Thull
Liege, Belgium

Christina Spiak, ART
Dundas, Canada

Linda Steacy, ART
Toronto, Canada

Laurette Steenssens
Bornem, Belgium

Reinhard Stute, MD
Saarland, Federal Republic of Germany

Abraham Sumoza, MD
Valencia Venezuela

Mitsuo Suzuki
Tokyo, Japan

Angus Taylor, FIMLS
Lane Cove, Australia

Paul Terlinden
Enkhuizen, The Netherlands

Eiichi Tokunaga, MD
Tokyo, Japan

Heiner Trobisch, MD
Duisburg, Federal Republic of Germany

Yuh-Ming Tsai, MD
Taipei, Republic of China

Clayton Tsai
Taipan, China

Jorge Turcott, MD
Mexico City, Mexico

Mutsuko Ujimoto
Victoria, Canada

Karel Van Den Abbe, MD
Brussels, Belgium

Johan Van der Does, MD
The Hague, The Netherlands

Denise Van Krieking
Wespelaar, Belgium

Jozef Van Landuyt, MD
Kortrijk, Belgium

Dominique Vignon, MD
Paris, France

Hans Voller
Herning, Denmark

Brian Wall, FIMLS
Dublin, Ireland

Terence Walsh, MRCPath
Dublin, Ireland

Franz Weinauer, MD
Wuerzburg, Federal Republic of Germany

Jesus Weir, MD
Del Estado Zulia, Venezuela

Newell Whittemore, MD
Montreal, Canada

Mary J. Wilke, RT(CSLT)
Edmonton, Canada

Patricia Williams, RT, AIMLS
Belleville, Canada

Keiko Yamamoto
Nagoya, Japan

Naofumi Yoshioka, MD, PhD
Akita City, Japan

Helen Ziniuk
Sudbury, Canada

Institutional Sustaining Members

Abbott Northwestern Hospital
Minneapolis, MN

Akron City Hospital
Akron, OH

Albemarle Hospital, Inc.
Elizabeth City, NC

Albert Einstein Medical Center
Philadelphia, PA

Alexian Brothers Hospital
Elizabeth, NJ

Allegheny General Hospital
Pittsburgh, PA

Alton Ochsner Medical Foundation
New Orleans, LA

Altoona Hospital
Altoona, PA

American Red Cross Blood Services
Dedham, MA

American Red Cross Blood Services
San Juan, PR

American Red Cross Blood Services
Nashville, TN

American Red Cross Blood Services
Little Rock, AR

American Red Cross Blood Services
Cleveland, OH

American Red Cross Blood Services
Toledo, OH

Americus & Sumter County Hospital
Americus, GA

Anaheim Memorial Hospital
Anaheim, CA

Arkansas Methodist Hospital
Paragould, AR

Arlington Hospital
Arlington, VA

Ashe Memorial Hospital
Jefferson, NC

Baldwin County Hospital
Milledgeville, GA

Baltimore Rh Typing Laboratory, Inc.
Baltimore, MD

Banco De Sangre De Servicios Motus, Inc.
Hato Rey, PR

Baptist Hospital of Miami
Miami, FL

Baptist Medical Center
San Antonio, TX

Bassett Army Community Hospital
Fort Wainwright, AK

Bayne-Jones Army Community Hospital
Fort Wainwright, AK

Beebe Hospital of Sussex County
Lewes, DE

Bellin Memorial Hospital
Green Bay, WI

Beloit Hospital
Beloit, WI

Bethany Hospital
Chicago, IL

Bethany Methodist Hospital
Chicago, IL

Bethesda Memorial Hospital
Boynton Beach, FL

Beverly Hospital
Montebello, CA

Blood Bank of Delaware, Inc.
Newark, DE

Blood Bank of the Eastern Shore
Salisbury, MD

Blood Bank of San Bernardino-Riverside Counties
San Bernardino, CA

Blood Bank of the Redwoods
Santa Rosa, CA

The Blood Center for Southeast Louisiana
New Orleans, LA

Blood Donation Association Taiwan, Republic of China

Blood Donors, Inc.
Duluth, MN

Bloomsburg Hospital
Bloomsburg, PA

Bluefield Community Hospital
Bluefield, WV

Bogalusa Community Medical Center
Bogalusa, LA

Boone County Hospital
Columbia, MO

Boone County Hospital
Boone, IA

Boulder Community Hospital
Boulder, CO

Bristol Hospital
Bristol, CT

Brokaw Hospital Laboratory
Naomal, IL

Bronson Methodist Hospital
Kalamazoo, MI

Brooke Army Medical Center
Fort Sam Houston, TX

Brookside Hospital
San Pablo, CA

Brookwood Medical Center
Birmingham, AL

Brownsville General Hospital
Brownsville, PA

Buffalo General Hospital Blood Bank
Buffalo, NY

Cabarrus Memorial Hospital
Concord, NC

Cabrini Medical Center-Columbus Hospital
New York, NY

Caledonian Hospital
Brooklyn, NY

Carolina-Georgia Blood Center
Greenville, SC

Carraway Methodist Medical Center
Birmingham, AL

Carter Blood Center
Fort Worth, TX

Cary Medical Center
Caribou, ME

Central Blood Bank of Pittsburgh Pittsburgh, PA

Central Florida Blood Bank, Inc.
Orlando, FL

Central Jersey Blood Bank
Shrewsbury, NJ

Central Mesaba Medical Center
Hibbing, MN

Central Texas Regional Blood Center
Austin, TX

Champaign County Blood Bank
Urbana, IL

Charleston Area Medical Center
Charleston, WV

Charlton Memorial Hospital
Fall River, MA

Chester County Hospital
West Chester, PA

Chestnut Hill Hospital
Philadelphia, PA

Children's Hospital Medical Center of Akron
Akron, OH

Children's Hospital National Medical Center
Washington, DC

Children's Hospital
Columbus, OH

Children's Hosptial of Philadelphia
Philadelphia, PA

Chilton Memorial Hospital
Pompton Plains, NJ

Christian Hospital Northeast
St. Louis, MO

Civitan Regional Blood Center, Inc.
Gainesville, FL

Cleveland Clinic Foundation
Cleveland, OH

Coffee Memorial Blood Center
Amarillo, TX

Columbia Hospital
Columbia, PA

Commanche Country Memorial Hospital
Lawton, OK

Community Blood Bank Center, Inc.
Rancho Mirage, CA

Community General Hospital of Sullivan County
Harris, NY

Community Hospital of Monterey Peninsula
Monterey, CA

Community Blood Center
Dayton, OH

Community General Hospital
Reading, PA

Community Hospital
Munster, IN

Community Hospital of Roanoke Valley
Roanoke, VA

Community Hospital of Monterey Peninsula
Monterey, CA

Community Hospital of Lancaster
Lancaster, PA

Community Medical Center
Scranton, PA

Community Memorial Hospital
Cloquet, MN

Cooley's Anemia Blood & Research Foundation
New York, NY

Corry Memorial Hospital Laboratory
Corry, PA

Cutler Army Community Hospital
Fort Devens, MA

Danbury Hospital
Danbury, CT

David Grant USAF Hospital
Travis AFB, CA

Davis Memorial Hospital
Elkins, WV

Decatur County Memorial Hospital
Greensburg, IN

Derrick and Associates
Orlando, FL

Dhahran Health Center
Dhahran, Saudi Arabia

Dr. Ramon Ruiz Arnau University Hospital
Bayamon, PR

Doctors Memorial Hospital
Spartanburg, SC

Doctors' Hosptial
Coral Gables, FL

Duke University Medical Center
Durham, NC

Durham County General Hospital
Durham, NC

East Alabama Medical Center
Opelika, AL

East Pasco Medical
Zephyrhills, FL

East Pointe Hospital
Lehigh Acres, FL

East Tennessee Children's Hospital
Knoxville, TN

Edgewater Hospital
Chicago, IL

Elliott Hospital
Manchester, NH

Emanual Hospital
Portland, OR

Episcopal Hospital
Philadelphia, PA

Erlanger Medical Center
Chattanooga, TN

Erlanger North Hospital
Chattanooga, TN

Eskaton Merican River Health Care Center
Carmichael, CA

Ferguson Hospital
Grand Rapids, MI

Fitzsimons Army Medical Center
Denver, CO

Florida Medical Center Hospital
Lauderdale Lake, FL

Francis Scott Key Medical Center
Baltimore, MD

Frankford Hospital
Philadelphia, PA

Franklin County Memorial Hospital
Farmington, ME

Gaston Memorial Hospital, Inc.
Gastonia, NC

Gen. Leonard Wood Army Hospital
Ft. Leonard Wood, MO

George H. Lanier Memorial Hospital
Langdale, AL

Good Samaritan Hospital
Kearney, NE

Good Samaritan Hospital
West Islip, NY

Good Samaritan Hospital
Lebanon, PA

Good Samaritan Hospital
San Jose, CA

Good Samaritan Medical Center
Zanesville, OH

Greater Baltimore Medical Center
Baltimore, MD

Greater Metropolitan Community Blood Service, Inc.
New York, NY

Greenville Memorial Hospital
Greenvile, SC

Gulf Area Regional Blood Bank, Inc.
Venice, FL

Gulf Coast Regional Blood Center
Houston, TX

Hackettstown Community Hospital
Hackettstown, NJ

Hahnemann University Hospital
Philadelphia, PA

Hamilton Hospital
Hamilton Square, NJ

Harlem Hospital Center
New York, NY

Harper-Grace Hospitals
Detroit, MI

Hartford Hospital
Hartford, CT

Hays Community Blood Bank
Hays, KS

Hendersonville Community Hospital
Hendersonville, TN

Hendry General Hospital
Clewiston, FL

Henry General Hospital
Stockbridge, GA

Hermann Hospital
Houston, TX

Highland Hospital of Rochester
Rochester, NY

Holland Community Hospital
Holland, MI

Holy Cross Hospital of Silver Spring
Silver Spring, MD

Holy Cross Hospital
Chicago, IL

Holy Spirit Hospital
Camp Hill, PA

Holzer Medical Center
Gallipolis, OH

Homewood Hospital Center
Baltimore, MD

Hospital for Special Surgery
New York, NY

Houlton Regional Hospital
Houlton, ME

Howard University Hospital
Washington, DC

Hubbard Hospital
Nashville, TN

Huey P. Long Memorial Hospital
Pineville, LA

Hugh Chatham Memorial Hospital
Elkin, NC

Humana Hospital Huntington Beach
Huntington Beach, CA

Humana Hospital-St. Luke's Bluefield
Bluefield, WV

Humana Hospital Bennett
Plantation, FL

Humana Hospital Desert Valley
Phoeniz, AZ

Humana Hospital Florence
Florence, AL

Humana Hospital Newnan
Newnan, GA

Humana Hospital Oakdale
Oakdale, LA

Humana Hospital Overland Park
Overland Park, KS

Humana Hospital West Hills
Canoga Park, CA

Hunt Memorial Hospital
Danvers, MA

Hunterdon Medical Center
Flemington, NJ

Huntsville Hospital
Huntsville, AL

Hutcheson Medical Center
Fort Oglethorpe, GA

Illinois Masonic Medical Center
Chicago, IL

Immanuel Medical Center
Omaha, NE

Imperial Point Hospital
Fort Lauderdale, FL

Indian River Blood Bank
Vero Beach, FL

Indiana University Hospitals
Indianapolis, IN

James A. Haley Veterans Hospital
Tampa, FL

Jefferson Memorial Hospital
Ranson, WV

Jennie Edmundson Memorial Hospital
Council Bluffs, IA

Jersey City Medical Center
Jersey City, NJ

Jersey Shore Medical Center
Neptune, NJ

Johns Hopkins Hospital
Baltimore, MD

Johnson City Medical Center
Johnson City, TN

Johnston Memorial Hospital
Abingdon, VA

Kaiser Permanente Medical Center
Harbor City, CA

Kennestone Hospital
Marietta, GA

Kenneth Norris Jr. Cancer Hospital
Los Angeles, CA

Kent and Queen Anne's Hospital
Chestertown, MD

Kings County Hospital Center
Brooklyn, NY

King's Daughters Memorial Hospital
Frankfort, KY

Kissimmee Memorial Hospital
Kissimmee, FL

Knox County General Hospital
Barbourville, KY

LBJ Tropical Medical Center
Pago Pago, AS

LAC-USC Medical Center
Los Angeles, CA

Lake Charles Memorial Hospital
Lake Charles, LA

Lake Wales Hospital
Lake Wales, FL

Ladeside Hospital
Kansas City, MO

Lancaster Fairfield Community Hospital
Lancaster, OH

Lankenau Hospital
Philadelphia, PA

Lawnwood Medical Center
Fort Pierce, FL

Lawrence General Hospital
Lawrence, MA

LDS Hospital
Salt Lake City, UT

Leesburg, General Hospital
Leesburg, FL

Lenox Hill Hospital
New York, NY

Leonard Morse Hospital
Natick, MA

Lester E. Cox Medical Center—South
Springfield, MO

Liberty Medical Center, Inc.
Baltimore, MD

Licking Memorial Hospital
Newark, OH

LifeSource
Glenview, IL

Lincoln Medical & Mental Health
Bronx, NY

Logan Regional Hospital
Logan, UT

Long Island College Hospital
Brooklyn, NY

Lorain County Blood Bank, Inc.
Elyria, OH

Louisiana Blood Center
Shreveport, LA

Lubbock General Hospital
Lubbock, TX

Magic Valley Regional Medical Center
Twin Falls, ID

Mahaska County Hospital
Oskaloosa, IA

Manatee Country Blood Bank, Inc.
Bradenton, FL

Margaret R. Pardee Memorial Hospital
Hendersonville, NC

Marion County Blood Bank
Ocala, FL

Marquette General Hospital
Marquette, MI

Martin Army Community Hospital
Fort Benning, GA

Martin Memorial Hospital
Stuart, FL

Mary Greeley Memorial Hospital
Ames, IA

Mary Hitchcock Memorial Hospital
Hanover, NH

Mary Immaculate Hospital
Newport News, VA

Mayo Clinic
Rochester, MN

McCullough-Hyde Memorial Hospital
Oxford, OH

McDonough County District Hospital
Macomb, IL

McKennan Hospital
Sioux Falls, SD

Medical Center East
Birmingham, AL

Medical Center Hospital
Chillicothe, OH

Medical Center of Central Georgia
Macon, GA

Medical Center of Delaware, Inc.
Wilmington, DE

Medical Center of Independence
Independence, MO

Medical Center Hospital
Chillicothe, OH

Melbourne Diagnostic Pathology Collingwood, VC

Memorial Hospital for Cancer and Allied Diseases
New York, NY

Memorial Hospital of Union County
Marysville, OH

Memorial Hospital
Manitowoc, WI

Memorial Hospital
Chattanooga, TN

Memorial Hospital at Easton
Easton, MD

Mercy Catholic Medical Center
Darby, PA

Mercy Hospital
Wilkes Barre, PA

Mercy Hospital of New Orleans
New Orleans, LA

Mercy Medical Center
Coon Rapids, MN

Mercy Medical Center
Springfield, OH

Mercy San Juan Hospital
Carmichael, CA

Methodist Hospital of Southern California
Arcadia, CA

Methodist Hospitals of Memphis
Memphis, TN

Metropolitan Hospital
Grand Rapids, MI

Mid-Island Hospital
Bethpage, NY

Mill Creek Community Hospital
Erie, PA

Milton Hospital
Milton, MA

Mississippi Blood Services
Jackson, MS

Mississipi Valley Regional Blood Center
Davenport, IA

Modesto City Hospital
Modesto, CA

Mount Desert Island Hospital
Bar Harbor, ME

Mount Sinai Hospital
Minneapolis, MN

Mount Sinai Hospital
Philadelphia, PA

Mount Sinai Medical Center
Cleveland, OH

Mount Sinai Medical Center
New York, NY

Muncy Valley Hospital
Muncy, PA

Muscatine General Hospital
Muscatine, IA

Naples Community Hospital
Naples, FL

Natividad Medical Center
Salinas, CA

Naval Hospital
Long Beach, CA

Naval Hospital
Pensacola, FL

Naval Hospital
Oceanside, CA

Naval Hospital
Philadelphia, PA

Naval Hospital, Portsmouth
Portsmouth, VA

Nazareth Hospital
Philadelphia, PA

Nesbitt Memorial Hospital
Kingston, PA

New Rochelle Hospital Medical Center
New Rochelle, NY

Newport Hospital
Newport, RI

NIH Clinical Center
Bethesda, MD

Noble Army Community Hospital
Fort McCLellan, AL

Noble Hospital
Westfield, MA

North Arundel Hospital
Glen Burnie, MD

North Park Hospital
Hixson, TN

North Penn Hospital
Lansdale, PA

Northeast Medical Center
Humble, TX

Northern Virginia Doctors Hospital
Arlington, VA

Northside Hospital
Atlanta, GA

Northwest Community Hospital
Arlington Heights, IL

Nueces County Medical Society Community Blood Bank
Corpus Christi, TX

Orlando General Hospital
Orlando, FL

Osteopathic Hospital of Maine, Inc.
Portland, ME

Osteopathic Medical Center of Philadelphia
Philadelphia, PA

Otsego Memorial Hospital
Gaylord, MI

Our Lady of Lourdes Medical Center
Camden, NJ

Our Lady of Victory Hospital
Lackawanna, NY

Palm Beach Martin Medical Center Hospital
Jupiter, FL

Palm West Hospital
Loxahatchee, FL

Palomar Memorial Hospital
Escondido, CA

Peninsula General Hospital Medical Center
Salisbury, MD

Peninsula Memorial Blood Bank
Burlingame, CA

Pennsylvania Hospital
Philadelphia, PA

Personal Blood Storage
Miami, FL

Polk General Hospital
Bartow, FL

Port St. Lucie Hospital
Port St. Lucie, FL

Potomac Hospital
Woodbridge, VA

Pottstown Memorial Medical Center
Pottstown, PA

Pottsville Hospital and Warner Clinic
Pottsville, PA

Prairie du Chien Memorial Hospital Association
Prairie du Chien, WI

Presbyterian Hospital of Pacific
San Francisco, CA

Presbyterian Intercommunity Hospital
Whittier, CA

Presbyterian Medical Center
Denver, CO

Presbyterian--University of Pennsylvania Medical Center
Philadelphia, PA

Prince Georges General Hospital
Cheverly, MD

Prince William Hospital
Manassas, VA

Private Blood Bank of Australia
New South Wales, Australia

Providence Hospital
Columbia, SC

Providence Medical Center
Portland, OR

Radford Community Hospital
Radford, VA

Rancocas Valley Hospital
Willingboro, NJ

Redington-Fairview General Hospital
Skowhegan, ME

Regional Memorial Hospital
Brunswick, ME

Regional Red Cross Blood Bank
Groningen

Reynolds Army Community Hospital
Fort Sill, OK

Richland Memorial Hospital
Columbia, SC

Riverside Hospital
Toledo, OH

Robert Packer Hospital
Sayre, PA

Rose Medical Center
Denver, CO

Roswell Park Memorial Institute
Buffalo, NY

Rumford Community Hospital
Rumford, ME

Sacred Heart Medical Center
Cumberland, MD

Sacred Heart Hospital
Allentown, PA

Sacred Heart Medical Center
Chester, PA

Saint Anthony Hospital
Rockford, IL

Saint Anthony Regional Hospital
Carroll, IA

Saint Barnabas Hospital
Bronx, NY

Saint Bernard Hospital
Chicago, IL

St. Elizabeth's Hospital Medical Center
Belleville, IL

Saint Francis Cabrini Hospital
Alexandria, LA

Saint Francis Medical Center
Honolulu, HI

Saint Francis Medical Center
La Crosse, WI

Saint Francis Medical Center
Lynwood, CA

Saint John's Hospital
Salinas, KS

Saint John's Queens Hospital
Elmhurst, NY

Saint Joseph Hospital
Port Charlotte, FL

Saint Joseph Hospital
Chicago, IL

Saint Joseph Hospital
Elgin, IL

Saint Joseph Hospital
Mitchell, SD

Saint Joseph Medical Center
Burbank, CA

Saint Joseph's Hospital
Huntingburg, IN

Saint Joseph's Hospital
Stockton, CA

Saint Joseph's Hospital
Tucson, AZ

Saint Joseph's Hospital
Buckhannon, WV

Saint Luke's Hospital
Middleboro, MA

Saint Luke's Memorial Hospital
Racine, WI

Saint Mark's Hospital
Salt Lake City, UT

Saint Mary Hospital
Langhorne, PA

Saint Mary Hospital
Hoboken, NJ

Saint Mary's Hospital of Brooklyn
Brooklyn, NY

Saint Mary's Hospital
Huntington, WV

Saint Mary's Hospital
Enid, OK

Saint Michael's Medical Center
Newark, NJ

Saint Vincent Hospital
Billings, MT

Saint Vincent Medical Center
Los Angeles, CA

San Diego Physician & Surgeons Hospital
San Diego, CA

San Pedro Peninsula Hospital
San Pedro, CA

Santa Teresa Community Hospital
San Jose, CA

Sarasota Community Blood Bank
Sarasota, FL

Seaway Hospital Laboratory
Trenton, MI

Shadyside Hospital
Pittsburgh, PA

Shands Hospital at the University of Florida
Gainesville, FL

Shore Memorial Hospital
Somers Point, NJ

Sierra Medical Center
El Paso, TX

Silas B. Hays Army Community Hospital
Fort Ord, CA

Sinai Hospital of Detroit
Detroit, MI

Sioux Valley Hospital
Sioux Falls, SD

Siouxland Community Blood Bank
Sioux City, IA

Smyth County Community Hospital
Marion, VA

South Bend Medical Foundation
South Bend, IN

South Community Hospital
Oklahoma City, OK

South Florida Baptist Hospital
Plant City, FL

South Highland Hospital
Birmingham, AL

South Hills Health Systems
Pittsburgh, PA

South Macomb Hospital
Warren, MI

South Shore Hospital
South Weymouth, MA

Southeastern General Hospital, Inc.
Lumberton, NC

Southwest Florida Regional Medical Center
Fort Myers, FL

Spartanburg Blood Bank, Inc.
Spartanburg, SC

Spring Branch Memorial Hospital
Houston, TX

St. Ann's Hospital
Westerville, OH

St. Elizabeth Hospital Medical Center
Lafayette, IN

St. Elizabeth's Hospital of Boston
Brighton, MA

St. Frances X. Cabrini Hospital
Chicago, IL

St. Francis Community Hospital
Greenville, SC

St. John's Riverside Hospital
Yonkers, NY

St. Joseph Hospital
Tacoma, WA

St. Joseph Intercommunity Hospital
Cheektowaga, NY

St. Joseph's Medical Center
Yonkers, NY

St. Jude Medical Center
Kenner, LA

St. Louis University Hospital
St. Louis, MO

St. Mary's Hospital & Health Center
Tucson, AZ

St. Mary-Corwin Hospital
Pueblo, CO

St. Vincent Hospital & Medical Center
Portland, OR

Staten Island Hospital
Staten Island, NY

Stewart Blood Center Inc.
Tyler, TX

Sturdy Memorial Hospital
Attleboro, MA

Superior-Douglas County Community Blood Bank
Superior, WI

Swedish American Hospital
Rockford, IL

Swedish Medical Center
Englewood, CO

Sylvan N. Goldman Center
Oklahoma City, OK

Tanner Memorial Hospital
Carrollton, Ga

Terrebonne General Hosital
Houma, LA

Texoma Regional Blood Center
Sherman, TX

The Brigham & Women's Hospital
Boston, MA

The Christ Hospital
Cincinnati, OH

The Faxton-Children's Hospital
Utica, NY

The James L. Kernan Hospital
Baltimore, MD

The Methodist Hospital
Houston, TX

The Rhode Island Blood Center
Providence, RI

Tobey Hospital
Wareham, MA

Toledo Hospital
Toledo, OH

Tri-Counties Blood Bank, Inc.
Santa Barbara, CA

Tripler Army Medical Center
Honolulu, HI

Two Rivers Community Hospital
Two Rivers, WI

U.S. Lyster Army Hospital
Fort Rucker, AL

U.S. Naval Hospital
FPO Seattle, WA

Ukiah General Hospital
Ukiah, CA

Union Hospital Association
Dover, OH

Uniontown Hospital
Uniontown, PA

United Community Hospital
Grove City, PA

Unity Hospital
Fridley, MN

University of Arkansas for Medical Sciences
Little Rock, AR

University of Chicago
Chicago, IL

University of Illinois Hospital
Chicago, IL

University of Massachusetts Medical Center
Worcester, MA

University of Nebraska Hospital
Omaha, NE

University of Utah Medical Center
Salt Lake City, UT

USAF Academy Hospital
USAF Academy, CO

USAF Hospital Castle
Castle AFB, CA

USAF Hospital Eglin
Eglin AFB, FL

USAF Hospital HIll
Hill AFB, UT

USAF Hospital Incirlik
APO New York, NY

USAF Hospital Lajes
APO New York, NY

USAF Hospital Little Rock
Little Rock AFB, AR

USAF Medical Center
Dayton, OH

USAF Regional Hospital Minot AFB, ND

VA Lakeside Medical Center
Chicago, IL

VA Medical Center
Oteen, NC

VA Medical Center
Washington, DC

VA Medical Center
Martinez, CA

VA Medical Center
Philadelphia, PA

VA Medical Center
West Roxbury, MA

VA Medical Center
Shreveport, LA

VA Medical Center
Dayton, OH

VA Medical Center
Houston, TX

VA Medical Center
Salem, VA

VA Medical Center
New York, NY

VA Medical Center
West Haven, CT

VA Medical Center
Wichita, KS

VA Medical Center
Alexandria, LA

VA West Side Hospital
Chicago, IL

Valley Children's Hospital
Fresno, CA

Valley Medical Center of Fresno
Fresno, CA

Valley Presbyterian Hospital
Van Nuys, CA

Vermillion County Hospital
Clinton, IN

Victoria Hospital, Inc.
Miami, FL

Victory Memorial Hospital
Brooklyn, NY

Virginia Commonwealth University Hospital
Richmond, VA

Walker Memorial Hospital
Avon Park, FL

Walker Regional Medical Center, Inc.
Jasper, AL

Walter Reed Army Medical Center
Washington, DC

Waltham Weston Hspital Medical Center
Waltham, MA

Washoe Medical Center Laboratory
Reno, NV

Waterville Osteopathic Hospital
Waterville, ME

Wausau Hospital Center
Sausau, WI

Wayne General Hospital
Wayne, NJ

Wentworth Douglass Hospital
Dover, NJ

West Hudson Hospital
Kearny, NJ

West Virginia University Hospital
Morgantown, WV

Westview Osteopathic Hospital
Indianapolis, IN

Wheeling Hospital
Wheeling, WV

Whidden Memorial Hospital
Everett, MA

White Plains Hospital
White Plains, NY

William Beaumont Army
Medical Center
El Paso, TX

William Beaumont Hospital
Royal Oak, MI

Williamson County Hospital
Franklin, TN

Williamsport Hospital
Williamsport, PA

Wilson Memorial Hospital
Wilson, NC

Winchester Medical Center
Winchester, VA

Winter Park Memorial Hospital
Winter Park, FL

William J. Bryan Dorn
Veterans Hospital
Columbia, SC

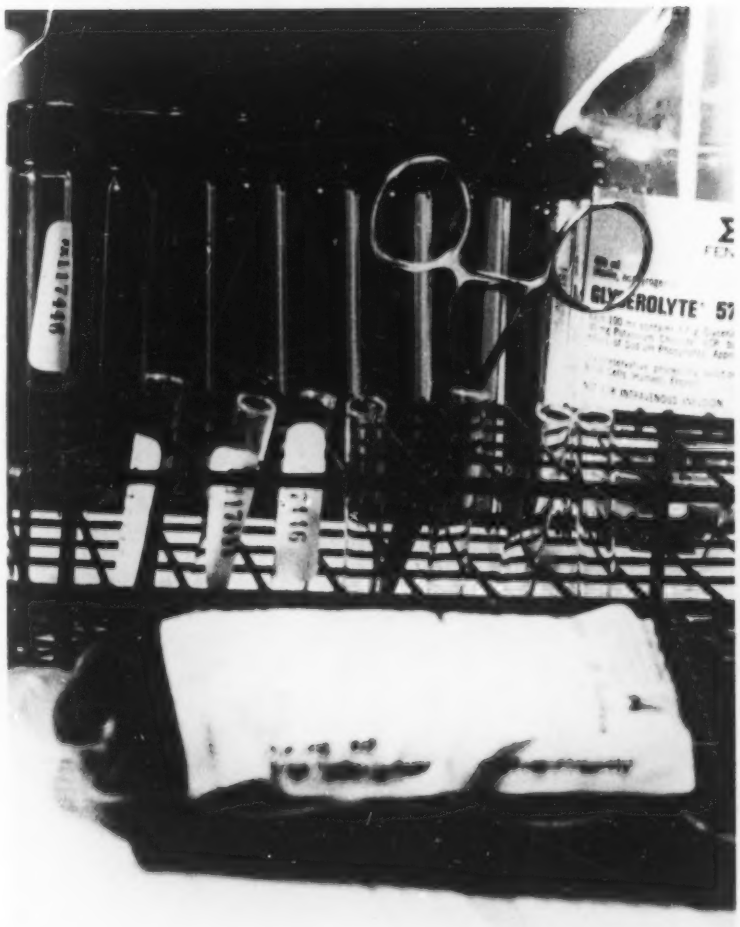
Woman's Christian Association
Hospital
Jamestown, NY

Women's Hospital
Baton Rouge, LA

Worcester Hahnemann Hospital
Worcester, MA

York Hospital
York, PA

Zurbrugg Memorial Hospital
Riverside, NJ



THE AMERICAN ASSOCIATION OF BLOOD BANKS FOUNDATION

MEETING THE FUTURE CHALLENGES OF TRANSFUSION MEDICINE

The American Association of Blood Banks Foundation was established in 1983 continuing the Association's commitment to the advancement of transfusion medicine.

The purpose of the Foundation is the direct support of research and educational activities, both scientific and administrative, within the discipline of blood banking and transfusion medicine. The Foundation expanded its support of research in 1989.

The Foundation was created as an endowment fund to support a research grants program. The core of the endowment was provided by AABB. AABB initially allocated $500,000 to create the Foundation and contributed an additional $100,000 in 1986 to support a major fundraising drive. Since 1983, the Foundation has raised in excess of $1,098,400 from corporate, institutional and individual donors.

The Foundation is governed by an eleven member Board of Trustees. New trustees are nominated by current members of the Board of Trustees and are approved by the Association's Board of Directors. However, the Foundation operates independently and maintains an independent financial identity from that of the Association.

Foundation Board of Trustees 1988-1989

Harvey G. Klein, MD, chairman
Hayle B. Randolph, MT(ASCP), chairman, Development Committee
Thomas A. Lane, MD, chairman, Grants Review Committee
Edward O. Carr, MT(ASCP)SBB
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Scott Murphy, MD
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Thomas F. Zuck, MD
Alfred J. Grindon, MD, treasurer, ex-officio
Toby L. Simon, MD, president-elect, ex-officio
Timothy A. Anderson, CORD Representative

Foundation Grants Program

The Foundation's Research Grants Program awards grants for individual, investigator-initiated, original research in blood banking and transfusion medicine. Since its inception in 1987, the Grants Program has awarded in excess of $350,000 to twenty-one investigators. These grants have supported research in all areas of blood banking, theoretical and applied. In 1989, the Foundation also began to consider and support educational projects designed to advance transfusion medicine.

Thanks to the generosity of corporate and individual donors, the Trustees of the Foundation were able to announce, in April of 1989, the awarding of six, one-year grants with a combined value of approximately $165,000. This represents a significant increase in the annual amount of funding available for grants as compared to prior years. Additional corporate support enabled the Foundation to increase its contributions to research in the field.

The following proposals were awarded funding in 1989:

Neil Blumberg, MD
$26,875
University of Rochester Medical Center
Rochester, NY
"A Comparison of the Clinical and Immunologic Effects of Autologous Transfusion in Patients Undergoing Spinal Fusion Surgery."

Janice Dutcher, MD
$26,000
Montefiore Medical Center
New York, NY
"Evaluation of Hematologic Changes Associated with Interlukin-2 Administration to Patients with Metastatic Malignancy and Evaluation of Migration of Activated Autologous Lymphocytes in these Patients."

Walter H. Dzik, MD
$12,355
New England Deaconess Hospital
Boston, MA
"Leukopoor Platelet Concentrates: Development and Evaluation of a Method for Preparing Leukocyte Depleted Platelet Concentrates from Single Units of Whole Blood."

Joseph P. Meyer, MD
$29,989
University of Illinois Hospital
Chicago, IL
"Fresh Frozen Plasma Use During Massive Blood Transfusion."

Sandra J. Nance, MS
$25,000
American Red Cross
Los Angeles/Orange Counties
Los Angeles, CA
"A Comparison of the Efficiency of the Monocyte Monolayer Assay, IgG Subclassing, OD450 Amniotic Fluid, and Ultrasonography in Predicting the Severity of Hemolytic Disease of the Newborn."

James A. Soland, MD
$29,890
Highland Hospital
Shreveport, LA
"Characterization of Platelet Glycoprotein Ib in Chronic Renal Failure."

The Bio-tech Division of Ortho Pharmaceutical Corporation sponsored the first "directed grant" of the AABB Foundation. Ortho made $15,000 available for the Foundation to award to an investigator conducting research in the field of autologous blood transfusion. The Ortho grant was awarded to David Ciavarella, MD.

David Ciavarella, MD
$12,590
Hudson Valley Blood Services
Valhalla, NY
"Blood Volume Replacement After Repeated Autologous Blood Transfusion."

Grants Review Committee

Thomas A. Lane, MD, chairman
Paul V. Holland, MD
Douglas W. Huestis, MD
Larry C. Lasky, MD
Serafeim P. Masouredis, MD
Scott Murphy, MD
Lawrence D. Petz, MD
Thomas Price, MD
Ann Rearden, MD
Carolyn F. Whitsett, MD
Thomas F. Zuck, MD

Corporate Support

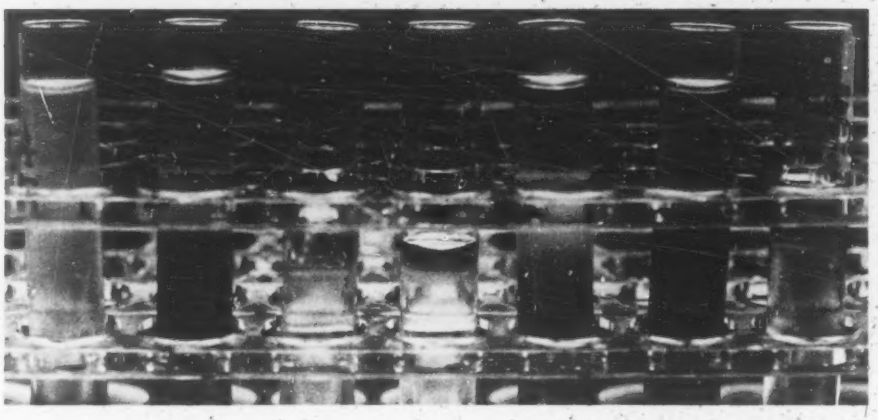
The Foundation's growth in 1989 was made possible by the support of corporate, institutional and individual donors. In the past year, the Foundation has expanded its efforts to identify potential donors and increase annual contributions in support of its work.

The Council on Research and Development (CORD) and the Corporate Associates Program have been instrumental in the Foundation's success.

Council on Research and Development

A majority of each year's donations are credited to CORD. Membership in the Council requires a significant commitment over at least a two-year period. CORD membership is valuable to both the Foundation and corporate participants.

The Council met twice this year to review activities and research in the blood banking industry and to advise the Foundation's Board of Trustees on research trends in the corporate arena. The Council also sent an ex-officio representative to the Trustees' meetings.



Founding Members of the Council on Research and Development

ABBOTT LABORATORIES
BAXTER HEALTHCARE CORPORATION
CUTTER BIOLOGICAL
E.I. DU PONT DE NEMOURS & COMPANY INCORPORATED
HAEMONETICS CORPORATION
ORTHO DIAGNOSTIC SYSTEMS INCORPORATED

CORD was established in 1987 and has since demonstrated an interest in a "hands on" relationship with the Foundation. CORD has encouraged the future development of programs such as industry internships, scholarships, and increased assistance for minorities entering the field. The Council also feels an overwhelming responsibility to assist in the education of the American public regarding the safety of the blood supply and in promoting a better understanding of the blood banking industry.

The Corporate Associates Program - The Corporate Associates Program is a contribution program through which corporations are offered membership to differing levels of the program dependent upon their total annual contributions.

Each level of donation is accompanied by varying benefits. The Corporate Associates of 1989 are listed below:

Chek-Lab Incorporated*
COBE Laboratories Incorporated*
Immucor Incorporated*
Lee's Custom Coaches Incorporated*
Bio-Tech Division of Ortho Pharmaceutical Corporation
Shiley Incorporated*
Terumo Corporation*

*These companies became members of the Corporate Associates Program through their sponsorship of the Managerial Think Tank.

Institutional Donors

We are also grateful for the support in 1989 of our institutional members who recognize the importance of research in the maintenance of an adequate and safe blood supply.

Baptist Memorial Hospital
Blood Bank of the Redwoods
Blood Bank of San Bernardino and Riverside Counties
Blood Bank of Delaware
Blood Center of Southeast Louisiana
Blood Center of Southeastern Wisconsin
Blood Systems, Incorporated (United Blood Services)
Carolina-Georgia Blood Center
Carter Blood Center
Central Indiana Regional Blood Center
Central California Blood Bank
Central Florida Blood Bank
Central Kentucky Blood Center
Charity Hospital, LA
Civitan Blood Center
Citrus Regional Blood Center
Cleveland University Hospital
Coffee Memorial Blood Center
Community Blood Center, Appleton, WI
Edison Regional Blood Center
Gulf Coast Regional Blood Center
Holmes Regional Blood Center
Hunter Blood Center
Johns Hopkins Blood Bank
Keystone Community Blood Bank
Lane Memorial Blood Bank
Leon County Blood Bank
LifeSource
Louisiana Blood Center
Lower West Coast Blood Bank
Marion County Blood Bank
Metro Blood Center
Michigan Community Blood Center
Miller Memorial Blood Center
Northern Ohio Regional American Red Cross Blood Services
Northern California Community Blood Bank
Northwest Florida Blood Center
Ochsner Foundation Hospital
Peninsula Memorial Blood Bank
Puerto Rico Blood Services
Rhode Island Blood Center
Sacramento Blood Center
Samuel W. Miller Memorial Blood Center
Siouxland Community Blood Bank
South Texas Regional Blood Center
Southwest Florida Blood Bank
Spokane/Inland Empire Blood Bank
Stewart Blood Center
Thomas Jefferson University
Topeka Blood Bank
University of Virginia Hospital
VA Medical Center, San Diego
West Tennessee Regional Blood Bank
William Beaumont Hospital
Yale-New Haven Hospital

Membership Donations

The Board of Directors of the AABB and the Trustees of the Foundation lead by example, each making a personal contribution to support the Foundation's programs. The Foundation also receives numerous donations from the membership of AABB via a solicitation included on membership renewal forms. The Foundation also receives several memorial contributions in memory of fellow professionals in the field of transfusion medicine.

Special Projects

E.I. Du Pont de Nemours and Company sponsored the third annual "Du Pont/ Foundation Evening" at AABB's Annual Meeting in New Orleans. The 1989 event featured a Mardi Gras Party complete with a Mardi Gras parade and jazz band. The entire cost of each ticket was donated to the Foundation. The event raised approximately $30,000 for the Foundation.

Also repeated in New Orleans was the Corporate Associates Reception sponsored by the Terumo Corporation. At the Corporate Associates Reception, representatives of companies exhibiting at the Annual Meeting had an opportunity to meet with the Board of Trustees and discuss the Foundation and its projects.

In June 1989, the Foundation coordinated a Managerial Think Tank which gathered over twenty managers of blood banks from across the United States. The Managerial Think Tank participants outlined the challenges the industry would face in the 1990's and developed recommendations to manage these challenges in the next decade.